

DAIL/DDAS Services: Medicaid Claims Codes and Reimbursement Rates

Jul-09

version 9.1.09

7/09: Paid claim reduced 2%	7/09: Rate on file adjusted 2%	EDS Revenue Code	CFC Home-Based Setting	Unit	Max Amount Per Unit/Other	Hourly or Daily Rate	unit	Effective Date
yes	no	70	*Case Management by HHA or AAA	1 Unit=15 Min.	\$16.86	\$67.44	hour	7/1/2007
yes	no	72	Personal Care by HHA	1 Unit=15 Min.	\$6.67	\$26.68/hr	hour	7/1/2008
no	yes	77	Personal Care by Consumer-Directed Personnel	1 Unit=15 Min.	\$2.83	\$11.32	hour	10/18/2009
no	yes	81	Personal Care by Surrogate-Directed Personnel	1 Unit=15 Min.	\$2.83	\$11.32	hour	10/18/2009
yes	no	73	**Respite or Companion Care by HHA	1 Unit=15 Min.	\$5.33	\$21.32/hr	hour	7/1/2008
no	yes	75	**Respite or Companion Care by Consumer-Directed Personnel	1 Unit=15 Min.	\$2.41	\$9.64	hour	10/18/2009
no	yes	80	**Respite or Companion Care by Surrogate-Directed Personnel	1 Unit=15 Min.	\$2.41	\$9.64	hour	10/18/2009
yes	no	74	**Respite in Residential Care Home	1 Unit=1 Day	\$91.30	\$91.30/day	day	7/1/2007
yes	no	84	**Respite by Adult Day Service provider	1 Unit=15 Min.	\$3.75	\$15.00/hour	hour	7/1/2008
yes	no	88	**Companion by Senior Companion Agency	1 Unit=15 Min.	\$1.94	\$7.76/hr	hour	7/1/2007
yes	no	78	Home-Based Waiver Adult Day Service	1 Unit=15 Min.	\$3.75	\$15.00/hour	hour	7/1/2008
no	no	76	Assistive Devices & Modifications	1 Unit=1 Service	\$750.00 per year	actual cost, up to \$750.00	episode	10/1/2005
yes	no	82	Personal Emergency Response Systems-Installation	1 Unit= 1 month	One-time fee up to \$55.00	Up to \$55 (actual cost of installation and first month's service)	1-time	10/1/2005
yes	no	83	Personal Emergency Response Systems-Ongoing	1 Unit= 1 month	\$30.00	Up to \$30	month	10/1/2005
yes	no	89	Group Directed Attendant Care (<i>approved providers only</i>)	1 Unit=1 day	\$158.35	\$158.35day	day	10/1/2008
no	no	97	ISO Employer Support Services	1 Unit=1 month	\$45.00	Up to \$45/month	month	1/1/2008
yes	no	86	Personal Care Daily Rate (<i>approved providers only</i>)	1 Unit=1 day	Varies by provider	Provider Rate by individual	day	10/1/2006
no	no	71	Flexible Choices Services	As billed	Pay as billed	pay as billed up to individual maximum	na	7/1/2007
yes	no	79	Flexible Choices Consultant Pre-admission Service	1 Unit=15 Min.	\$16.52	\$66.08	hour	7/1/2009

*Standard maximum = 48 hours per calendar year
 ** Max for all Respite and Companion = 720 hours per calendar year.

7/09: Paid claim reduced 2%	7/09: Rate on file adjusted 2%	EDS Revenue Code	CFC Enhanced Residential Care Setting	Unit	Max Amount Per Unit	Hourly or Daily Rate	unit	Effective Date
yes	no	70	*ERC Case Management by <u>HHA or AAA</u>	1 Unit=15 Min.	\$16.86	\$67.44	15 min	7/1/2007
yes	no	92	ERC-tier 1**	1 Unit=1 Day	\$48.76 RCH	\$48.76 RCH/day	rch day	7/1/2007
					\$53.95 ALR	\$53.95 ALR /day	alr day	
yes	no	93	ERC-tier 2**	1 Unit=1 Day	\$55.51 RCH	\$55.51 RCH/day	rch day	7/1/2007
					\$60.69 ALR	\$60.69 ALR/day	alr day	
yes	no	94	ERC-tier 3**	1 Unit=1 Day	\$62.25 RCH	\$62.25 RCH/day	rch day	7/1/2007
					\$67.44 ALR	\$67.44 ALR/day	alr day	
yes	no	90	ERC Special Rate	1 Unit=1 Day	Varies by provider	Provider Rate by individual	rch day	7/1/2007
			(rate set for individual by prior approval)				alr day	

RCH = Residential Care Home, ALR= Assisted Living Residence

*Standard maximum = 48 hours per calendar year

**Reimbursement tiers for individuals must be determined by DAIL, based on the ERC Provider's assessment.

7/09: Paid claim reduced 2%	7/09: Rate on file adjusted 2%	EDS Revenue Code	CFC Home-Based Setting, Moderate Needs Group	Unit	Max Amount Per Unit	Hourly or Daily Rate	unit	Effective Date
yes	no	70	*Case Management	1 Unit=15 Min.	\$16.86	\$67.44/hour	hour	7/1/2007
yes	no	95	** Homemaker	1 Unit=15 Min	\$4.80	\$19.20/hour	hour	7/1/2008
yes	no	96	***Adult Day	Unit=15 Min.	\$3.75	\$15.00/hour	hour	7/1/2008

*Maximum of 12 hours (48 units) per calendar year.

**Maximum of 6 hours (24 Units) a week.

***Maximum of 50 hours (200 units) a week may be billed up to 934 units (233.5 hours) per month.

7/09: Paid claim reduced 2%	7/09: Rate on file adjusted 2%	EDS Revenue Code	CFC Nursing Home Setting	Unit	Max Amount Per Unit	Hourly or Daily Rate	unit	Effective Date
no	no	120	Room and Board, 2 Bed Semiprivate, General Classification	1 unit = 1Day	Set per Provider	Daily	day	varies
no	no	128	Room and Board, 2 Bed Semi-private, Rehabilitation	1 unit = 1Day	Set per Provider	Daily	day	varies
no	no	130	Room and Board, 3-4 Bed Semiprivate, General	1 unit = 1Day	Set per Provider	Daily	day	varies
no	no	169	Level 2/Swing Bed	1 unit = 1Day	Set per Provider	Daily	day	varies
no	no	182	Nursing Home Leave of Absence Day	1 unit = 1 day	Set per Provider	Daily	day	varies
no	no	185	Nursing Home Bed Hold	1 unit = 1 day	Set per Provider	Daily	day	varies

7/09: Paid claim reduced 2%	7/09: Rate on file adjusted 2%	EDS Revenue Code	CFC PACE	Unit	Max Amount Per Unit	Monthly Rate	unit	Effective Date
no	no	n/a	PACE- dual eligibles	1 month	\$4,214.00	\$4,214.00		11/1/2008

no	no	n/a	PACE- Medicaid only	1 month	\$4,996.00	\$4,996.00		11/1/2008
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7/09: Paid claim reduced 2%	7/09: Rate on file adjusted 2%	EDS Procedure Code	Developmental Services	Unit	Max Amount Per Unit	Hourly Rate	unit	Effective Date
			DS Waiver					
no	no	H2022	Community Base Wrap Around Service: Waiver Services	1 unit=1 Day	Pay as Billed	Pay as Billed	day	varies
			DS Clinic Services					
no	no	T2022	DS Case Management - Bridges Program for Children	1 unit = 1 month	Pay as Billed	Pay as Billed	month	?
no	no	90801	Clinical Assessment Services	1 unit=15 Min	\$25.37	\$81.20	hour	?
no	no	90862	Medication Mgmt & Consultation Svcs, Chemotherapy	1 unit=1 Session	\$32.45	\$32.45	session	7/1/2008
no	no	H2011	Crisis Intervention Services	1 unit=15 Min	\$18.00	\$72.00	hour	7/1/2008
no	no	H2019	Therapeutic Behavioral Services	1 unit=15 Min	\$17.55	\$70.20	hour	7/1/2008
no	no	H2032	Group Therapy	1 unit=15 Min	\$8.15	\$32.60	hour	7/1/2008
no	no	T2003	Transportation/Mileage	1 unit=1 Trip	Pay as Billed	Pay as Billed	trip	7/1/2008
no	no	T2011	Nursing Facility Day Rehabilitation Services	1 unit=15 Min	Pay as Billed	Pay as Billed	hour	7/1/2008
no	no	T1017	Targeted Case Management	1 unit=15 Min	\$12.17	\$48.68	hour	7/1/2008
no	no	T1017	*Targeted Case Management - court ordered	1 unit=1 Month	\$216.67	**\$216.67 Monthly	month	7/1/2008

*DAIL USE ONLY

**Monthly Rate

7/09: Paid claim reduced 2%	7/09: Rate on file adjusted 2%	EDS Revenue Code	Traumatic Brain Injury (TBI) Services	Unit	Max Amount Per Unit	Hourly or Daily Rate	unit	Effective Date
			Community Supports					
no	no	T2038 U8	Rehab	1 Unit=1 Day	\$75.00	\$75.00	day	7/1/2008
no	no	T2038 U8 21	Long Term	1 Unit=1 Day	\$75.00	\$75.00	day	7/1/2008
no	no	T2038 HI	Mental Health Funded	1 Unit=1 Day	\$75.00	\$75.00	day	7/1/2008
			Respite					
no	no	S9125 U8	Rehab	1 Unit=1 Day	\$75.00	\$75.00	day	7/1/2008
no	no	S9125 U8 21	Long Term	1 Unit=1 Day	\$75.00	\$75.00	day	7/1/2008
no	no	S9125 HI	Mental Health Funded	1 Unit=1 Day	\$75.00	\$75.00	day	7/1/2008
			Case Management					
no	no	T1016 U8	Rehab	1 Unit=15 Min	\$12.17	\$48.68/Hour	hour	
no	no	T1016 U8 21	Long Term	1 Unit=15 Min	\$12.17	\$48.68/Hour	hour	
no	no	T1016 HI	Mental Health Funded	1 Unit=15 Min	\$12.17	\$48.68/Hour	hour	
			Rehabilitation					
no	no	T2017 U8	Rehab	1 Unit=1 Hour	\$20.50	\$20.50/Hour	hour	
no	no	T2017 U8 21	Long Term	1 Unit=1 Hour	\$20.50	\$20.50/Hour	hour	
no	no	T2017 HI	Mental Health Funded	1 Unit=1 Hour	\$20.50	\$20.50/Hour	hour	

		Environmental and Assistive Technology						
no	no	T2025 U8	Rehab	1 Unit=Lifetime	\$4,000.00	\$4000/Lifetime	lifetime	
no	no	T2025 U8 21	Long Term	1 Unit=Lifetime	\$4,000.00	\$4000/Lifetime	lifetime	
no	no	T2025 HI	Mental Health Funded	1 Unit=Lifetime	\$4,000.00	\$4000/Lifetime	lifetime	
		Crisis Support						
no	no	T2034 U8	Rehab	1 Unit=1 Day	\$500.00	\$500.00/Day	day	
no	no	T2034 U8 21	Long Term	1 Unit=1 Day	\$500.00	\$500.00/Day	day	
no	no	T2034 HI	Mental Health Funded	1 Unit=1 Day	\$500.00	\$500.00/Day	day	
		Psychology and Counseling Supports						
no	no	H0036 U8	Rehab	1 Unit=1 Hour	\$65.00	\$65.00/Hour	hour	
no	no	H0036 U8 21	Long Term	1 Unit=1 Hour	\$65.00	\$65.00/Hour	hour	
no	no	H0036 HI	Mental Health Funded	1 Unit=1 Hour	\$65.00	\$65.00/Hour	hour	
		Employment Supports						
no	no	T2019 U8	Rehab	1 Unit=1 Hour	\$20.50	\$20.50/Hour	hour	
no	no	T2019 U8 21	Long Term	1 Unit=1 Hour	\$20.50	\$20.50/Hour	hour	
no	no	T2019 HI	Mental Health Funded	1 Unit=1 Hour	\$20.50	\$20.50/Hour	hour	
		Pre-Admission Planning						
no	no	T2024 U8	Rehab	1 Unit=15 Min	\$12.17	\$48.68/Hour	hour	
no	no	T2024 U8 21	Long term	1 Unit=15 Min	\$12.17	\$48.68/Hour	hour	
no	no	T2024 HI	Mental Health Funded	1 Unit=15 Min	\$12.17	\$48.68/Hour	hour	

7/09: Paid claim reduced 2%	7/09: Rate on file adjusted 2%	EDS Procedure Code	Children's Personal Care Services	Unit	Max Amount Per Unit	Hourly or Daily Rate	unit	Effective Date
no	yes	T1019	Children's Personal Care Services Agency Directed	1 unit=15 Min	\$3.31	\$13.24	hour	10/1/2007
no	yes	T1019 UJ	Children's Personal Care Services Agency Dir. - Night	1 unit=15 Min	\$3.80	\$15.20	hour	10/1/2007
yes	no	T1019	Children's Personal Care Services Family/Self Directed	1 unit=15 Min	\$2.69	\$10.76	hour	10/25/2009
yes	no	T1019 UJ	Children's Personal Care Services Family/Self Directed- Nigh	1 unit=15 Min	\$3.23	\$12.92	hour	10/25/2009
yes	no	T1020	Children's Personal Care Services Specialized Childcare- Children's Creative Connection (C3)	1 unit=1 Day max. 6 months	pay as billed	pay as billed up to individual maximum	day	6/1/2008
yes	no	T1028	Children's Personal Care Assessment	1 unit = 1 assess	\$48.78	\$48.78	1 unit	?

7/09: Paid claim reduced 2%	7/09: Rate on file adjusted 2%	EDS Procedure Code	High Tech Services	Unit	Max Amount Per Unit	Hourly or Daily Rate	unit	Effective Date
yes	no	G0154 UF	Skilled Nurse-Weekday Morning	1 Unit=15 Min.	\$8.52	\$34.08	hour	7/1/2006
yes	no	G0154 UG	Skilled Nurse-Weekday Afternoon	1 Unit=15 Min.	\$9.16	\$36.64	hour	7/1/2006
yes	no	G0154 UH	Skilled Nurse-Weekday Evening	1 Unit=15 Min.	\$10.32	\$41.28	hour	7/1/2006

yes	no	S9123	Skilled Nurse, RN- Weekday Day - Self Directed	1 Unit=30 Min.	\$13.93	\$27.86	hour	7/1/2006
yes	no	S9123	Skilled Nurse,RN- Weekday Night - Self Directed	1 Unit=30 Min.	\$16.61	\$33.22	hour	7/1/2006
yes	no	G0154 UF	Skilled Nurse-Weekend Morning	1 Unit=15 Min.	\$9.51	\$38.04	hour	7/1/2006
yes	no	G0154 UG	Skilled Nurse-Weekend Afternoon	1 Unit=15 Min.	\$10.09	\$40.36	hour	7/1/2006
yes	no	G0154 UH	Skilled Nurse-Weekend Evening	1 Unit=15 Min.	\$12.87	\$51.48	hour	7/1/2006
yes	no	S9123	Skilled Nurse,RN- Weekend Day - Self Directed	1 Unit=30 Min.	\$14.47	\$28.94	hour	7/1/2006
yes	no	S9123	Skilled Nurse,RN- Weekend Night - Self Directed	1 Unit=30 Min.	\$18.83	\$37.66	hour	7/1/2006
yes	no	G0156 UF	Home Health Aide- Weekday Morning	1 Unit=15 Min.	\$5.50	\$22.00	hour	1/1/2001
yes	no	G0156 UG	Home Health Aide- Weekday Afternoon	1 Unit=15 Min.	\$5.70	\$22.80	hour	1/1/2001
yes	no	G0156 UH	Home Health Aide- Weekday Evening	1 Unit=15 Min.	\$6.10	\$24.40	hour	1/1/2001
yes	no	S9124	Skilled Nurse, LPN-Weekday Day - Self Directed	1 Unit=30 Min.	\$11.77	\$23.54	hour	7/1/2006
yes	no	S9124	Skilled Nurse, LPN-Weekday Night - Self Directed	1 Unit=30 Min.	\$13.93	\$27.86	hour	7/1/2006
yes	no	G0156 UF	Home Health Aide- Weekend Morning	1 Unit=15 Min.	\$5.90	\$23.60	hour	1/1/2001
yes	no	G0156 UG	Home Health Aide- Weekend Afternoon	1 Unit=15 Min.	\$6.20	\$24.80	hour	1/1/2001
yes	no	G0156 UH	Home Health Aide- Weekend Evening	1 Unit=15 Min.	\$6.60	\$26.40	hour	1/1/2001
yes	no	S9124	Skilled Nurse, LPN- Weekend Day - Self Directed	1 Unit=30 Min.	\$12.31	\$24.62	hour	7/1/2006
yes	no	S9124	Skilled Nurse, LPN - Weekend Night - Self Directed	1 Unit=30 Min.	\$15.32	\$30.64	hour	7/1/2006
yes	no	T1001	Case Management	1 Unit=1 Visit. Max. 1 unit/month	\$65.60, max, 1 Unit/month	\$67.37	hour	7/1/2006
yes	no	S9122	Nurse Case Manager- Weekday - Self Directed	1 Unit=30 Min.	\$17.11	\$34.22	hour	7/1/2006
yes	no	S9122	Nurse Case Manager- Weekend - Self Directed	1 Unit=30 Min.	\$17.11	\$34.22	hour	7/1/2006
yes	no	T1016	Discharge Planning/Blood Draw	1 Unit=15 Min.	\$14.38	\$57.50	hour	1/1/2001

7/09: Paid claim reduced 2%	7/09: Rate on file adjusted 2%	EDS Revenue Code	Atendant Services Program	Unit	Max Amount Per Unit	Hourly Rate	unit	Effective Date
no	no	s5125	Medicaid 1st 6 Months	1 Unit=15 Min	\$2.48	\$9.92	hour	10/18/2009
no	no	s5199	Medicaid after 6 Months	1 Unit=15 Min	\$2.62	\$10.48	hour	10/5/2008
n/a	n/a		*General Fund 1st 6 Months	1 Unit=1 Hour	\$10.16	\$10.16**	hour	10/1/2006
n/a	n/a		*General Fund after 6 Months	1 Unit=1 Hour	\$10.76	\$10.76***	hour	10/1/2006

**Service is for General Fund - NOT Medicaid.*

***Pay Rate for General Fund 1st 6 Months w/o Worker's Comp, FICA = \$9.00/Hr*

****Pay Rate for General Fund after 6 Months w/o Worker's Comp, FICA = \$9.50/Hr*

7/09: Paid claim reduced 2%	7/09: Rate on file adjusted 2%	EDS Revenue Code	Global Commitment Services: ACCS and DHRS	Unit	Max Amount Per Unit	Hourly or Daily Rate	unit	Effective Date
yes	no	98	Assistive Community Care Services (ACCS)	0 Unit = 1 day	\$36.25	\$36.25	day	7/01/2008
no	yes	99	*Day Health Rehabilitation Services (DHRS)	1 Unit = 15 min	\$3.67	\$14.68	hour	9/1/2009

**Maximum of 50 hours (200 units) per week.*

Caregiver Wages Established by DAIL, by Service (as of July 2009)

Service	hourly wage
CFC Personal Care by Consumer-Directed Personnel	\$10.14
CFC Personal Care by Surrogate-Directed Personnel	\$10.14
CFC Respite Care or Companion by Consumer-Directed Personnel	\$8.62
CFC Respite Care or Companion by Surrogate-Directed Personnel	\$8.62
Attendant Services Program- Medicaid 1st 6 Months	\$9.00
Attendant Services Program- Medicaid after 6 Months	\$9.50
Attendant Services Program-General Fund 1st 6 Months	\$9.00
Attendant Services Program-General Fund after 6 Months	\$9.50
Children's Personal Care Services Family/Self Directed	\$9.78
Children's Personal Care Services Family/Self Directed- Night	\$11.74
Hi Tech RN - Family Directed - Weekday - Day	\$27.30
Hi Tech RN - Family Directed - Weekday - Night	\$32.56
Hi Tech RN - Family Directed - Weekend - Day	\$28.36
Hi Tech RN - Family Directed - Weekend - Night	\$37.66
Hi Tech LPN - Family Directed - Weekday - Day	\$23.06
Hi Tech LPN - Family Directed - Weekday - Night	\$27.30
Hi Tech LPN - Family Directed - Weekend - Day	\$24.12
Hi Tech LPN - Family Directed - Weekend - Night	\$33.54
Hi Tech Nurse Case Manager - Weekday	\$33.54
Hi Tech Nurse Case Manager - Weekend	\$33.54

SFY2010: Moderate Needs Goup- Adult Day Funding Allocations

CFC Provider Number	Provider	Also known as (AKA)	sfy2010 MNG payment cap	effective date
047W030	Bennington Project Independence		\$138,519	7/1/2009-6/30/2010
047W032	Brattleboro Area Adult Day Services	The Gathering Place	\$131,100	7/1/2009-6/30/2010

047W164	CarePartners	Club Respite, Inc.	\$126,819	7/1/2009-6/30/2010
047W031	Elderly Services, Inc.		\$266,656	7/1/2009-6/30/2010
047W081	Gifford Medical Center	Randolph Area Adult Day Services	\$19,753	7/1/2009-6/30/2010
047W063	Green Mountain Adult Day Services		\$10,372	7/1/2009-6/30/2010
047W021	Out & About		\$152,076	7/1/2009-6/30/2010
047W028	Oxbow Senior Independence Program, Inc.	OSIP	\$24,798	7/1/2009-6/30/2010
047W022	Project Independence	Barre Project Independence	\$166,329	7/1/2009-6/30/2010
047W026	Riverside Life Enrichment Center		\$119,162	7/1/2009-6/30/2010
047W033	Rutland Community Programs, Inc.	Interage	\$38,193	7/1/2009-6/30/2010
047W069	Springfield Hospital	Springfield Area Adult Day Service	\$168,970	7/1/2009-6/30/2010
047W192	Visiting Nurse Association of Chittenden and Grand Isle Counties		\$237,698	7/1/2009-6/30/2010
047W272	Meeting Place		\$47,195	7/1/2009-6/30/2010

\$1,647,640

SFY2010: Moderate Needs Goup- Homemaker Funding Allocations

CFC Provider Number	Provider	Also known as (AKA)	sfy2010 MNG payment cap	effective date
047W005	Addison County Home Health and Hospice		\$149,937	7/1/2009-6/30/2010
047W016	Central VT Home Health and Hospice		\$239,368	7/1/2009-6/30/2010
047W001	Franklin County Home Health Agency		\$157,168	7/1/2009-6/30/2010
047W019	Lamoille Home Health		\$101,002	7/1/2009-6/30/2010
047W257	Manchester Health Services		\$37,364	7/1/2009-6/30/2010
047W004	Northern Counties Health Care Inc.,	D/B/A Caledonia Home Health Care	\$162,472	7/1/2009-6/30/2010
047W023	Orleans-Essex VNA & Hospice, Inc.		\$209,236	7/1/2009-6/30/2010
047W266	Professional Nurses Services		\$23,818	7/1/2009-6/30/2010
047W012	Rutland Area Visiting Nurse Association and Hospice		\$320,363	7/1/2009-6/30/2010
047W011	VNA and Hospice of Southwestern Vermont Health Care	Bennington Home Health	\$127,036	7/1/2009-6/30/2010
047W017	VNA and Hospice of VT/NH		\$541,170	7/1/2009-6/30/2010
047W192	VNA of Chittenden and Grand Isle Counties		\$341,623	7/1/2009-6/30/2010

\$2,410,558

confirm ed

yes
yes