

**Reimbursement Rates for Services Provided Through the  
ADvantage & Medicaid State Plan Personal Care Programs  
Effective 8/01/07**

<b>ADvantage Medicaid Waiver</b>					
<b>Waiver Services</b>	<b>Unit of Service</b>	<b>Unit Rate</b>	<b>Service Code</b>	<b>Modifier 1</b>	<b>Modifier 2</b>
Case Management – S	15 minutes	\$13.50	T1016	–	–
Transitional Case Management – S	15 minutes	\$13.50	T1016 – S	U3	–
Case Management – VR	15 minutes	\$18.80	T1016	TN	–
Transitional Case Management – VR	15 minutes	\$18.80	T1016 – VR	TN	U3
ADvantage Personal Care	15 minutes	\$ 3.63	T1019	–	–
Advanced Supportive/Restorative	15 minutes	\$ 3.91	T1019	TF	–
Skilled Nursing – Home Health Setting	15 minutes	\$13.50	G0154	–	–
RN Assessment/Evaluation	15 minutes	\$13.50	T1002	–	–
Occupational Therapy	15 minutes	\$13.75	G0152	–	–
Physical Therapy	15 minutes	\$13.75	G0151	–	–
Respiratory Therapy	15 minutes	\$13.75	G0237	–	–
Speech/Language Therapy	15 minutes	\$13.75	G0153	–	–
Adult Day Health	15 minutes	\$ 1.88	S5100	–	–
Personal Care In Adult Day Health	1 session/day	\$ 7.50	S5105	–	–
Therapy in Adult Day Health	1 session/day	\$10.00	S5105	TG	–
Home Delivered Meals	1 meal	\$ 4.88	S5170	–	–
NF Extended Respite (8+hrs)	1 day	\$123.05	UB120	–	–
In-home Respite (2 - 7 hrs)	15 minutes	\$ 3.63	T1005	–	–
In-Home Extended Respite (8+hrs)	1 day	\$165.88	S9125	–	–
Environmental Modifications	As Billed	As Billed	S5165	–	–
Hospice	1 day	\$119.10	S9126	–	–
Specialized Medical Equipment and Supplies	As Billed	As Prior Authorized	HCPCS	–	–
Prescriptions (maximum of 7 units only)	As Ordered	Avg. \$76.40 each	W1111	–	–
<b>Medicaid State Plan Personal Care Program</b>					
Prescriptions (maximum of 6 units only)	As Ordered	Avg. \$76.40 each	S1111	–	–
Personal Care	15 minutes	\$ 3.63	T1019	–	–
Individual Provider Personal Care	15 minutes	\$ 2.15	T1019	–	–
<b>Medicare</b>					
Medicare Part D Prescriptions	As Ordered	Avg. \$76.40 each	M1111	–	–