

## SECTION 19

HOME AND COMMUNITY BENEFITS FOR THE ELDERLY AND  
FOR ADULTS WITH DISABILITIESESTABLISHED 2/20/86  
LAST UPDATED 06/21/10

Effective 9/1/2010

PROCEDURE CODE	DESCRIPTION	UNIT	RATE
*T2041	Supports Brokerage, self-directed, waiver (FPSO-only)	15 minutes	\$17.00
*H2014	Skills Training and Development (FPSO-only)	15 minutes	\$14.03
*T2040U7	Financial Management, self-directed, waiver (FPSO-only)	Monthly	\$85.09
*S5125	Attendant Care Services (FPSO-only)	15 minutes	\$3.20
*T1019	Personal Care Services (Non-FPSO)	15 minutes	\$3.75
*T1016	Case Management (Non-FPSO)	15 minutes	\$17.00
*S5130	Homemaker Services	15 minutes	\$3.60
*S5160	Emergency Response System, Installation and Testing	1 unit	Customary Charge, Not to Exceed \$45.00
*S5161	Emergency Response System, Service Fee	Monthly	Customary Charge, Not To Exceed \$35.00
*A0100	Non-Emergency Transportation; taxi	Per Trip	Actual Fare
*S0215U1	Non-Emergency Transportation, mileage	Per Mile	\$.44
*H0045	Respite Care Services, not in the home	Per Diem	\$142.72
*T1005	Respite Care Services, in the home	15 minutes	Actual Cost Not to Exceed Cap
*S5165	Home Modifications	Per Service	Actual Cost Not To Exceed Cap
*S5100	Daycare Services, Adult	15 Minutes	\$2.34

*S0215U1	Non-Emergency Transportation, mileage	Per mile	\$.44
*0590	Unit/Home Health		
*T1005	Respite Care, in the home	15 minutes	Actual Cost Not to Exceed Cap
*0669	Other respite		
*0551	Skilled Nursing Visit	Per visit	\$84.10
*0559	Other Skilled Nursing (LPN)	Per visit	\$58.88
*0421	Physical Therapy Visit	Per visit	\$92.94
*0431	Occupational Therapy Visit	Per visit	\$98.76
*G0151 TF	Certified Physical Therapy Assistant	Per visit	\$65.72
*0421	Visit Charge		
*G0152 TF	Occupational Therapy Assistant	Per visit	\$69.83
*0431	Visit Charge		
*0441	Speech Therapy Visit	Per visit	\$97.34
*0571	Home Health Aide Visit	Per visit	\$39.84
*0561	Medical Social Services Visit	Per visit	\$84.10
*G0154 TD	Skilled Nursing Visit	15 minutes	\$11.06
*0559			
*G0154 TE	Skilled Nursing Visit (LPN)	15 minutes	\$6.32
*0559			
*G0151	Physical Therapy Visit	15 minutes	\$12.36
*0421			

*G0152	Occupational Therapy Visit	15 minutes	\$12.87
*0431			
*G0153	Speech Therapy Visit	15 minutes	\$12.87
*0441			
*T1004	Certified Nurses Aide	15 minutes	\$4.30
*0581			
*G0156	Home Health Aide	15 minutes	\$4.30
*0571			
*G0155	Medical Social Services Visit	15 minutes	\$11.48
*0561			

PROCEDURE CODE	DESCRIPTION	UNIT	RATE
<b>INDEPENDENT PRACTITIONERS ONLY</b>			
*G0154 TD	Skilled Nursing Visit (R.N.)	15 minutes	\$8.17
*G0151	Physical Therapy Visit	15 minutes	\$10.80
*G0152	Occupational Therapy Visit	15 minutes	\$10.60
PROCEDURE CODE	DESCRIPTION	UNIT	RATE
*G0153	Speech Therapy Visit	15 minutes	\$11.75

**Modifiers**

**Description**

U7	Financial Management, billed at monthly increments
TD	Registered Nurse (R.N.)
TE	Licensed Practical Nurse (L.P.N.)
TF	Intermediate Level of Care
U1	Other Qualified Staff

\*The codes above should be implemented with the Maine Integrated Health Management System (MIHMS). Providers will be notified at least thirty (30) days prior to the implementation date.