Home and Community-Based Services (HCBS) Billing Codes and Reimbursement Rates

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This section contains a list of procedure codes and maximum reimbursement amounts for the Home and Community-Based Services (HCBS) program. For general HCBS information, refer to the *Home and Community-Based Services (HCBS)* section in this manual.

Codes and Rates

‹‹Home and Community-Based Services benefit providers (provider type [PT] 68) and Early and Periodic Screening, Diagnostic and Treatment (EPSDT) providers (PT 57) can bill for all HCBS program services identified in the following table.››

The codes and rates for HCBS are listed by waiver program in the code and rate correlation table in this section.

“By Report” services are individually priced based on information included on and/or attached to the claim form.

All waiver services must be rendered by and reimbursed to approved HCBS waiver providers as specified in the waiver agreement with the Centers for Medicare & Medicaid Services. Such services shall be in accordance with the written plan of care for each waiver recipient.

For a description of the modifiers billed with certain codes, refer to the *Modifiers: Approved List* section in this manual.

Code and Rate Correlation Table

Procedure Code/Description HCBS Usage	Provider Type	Additional Required Codes	Rates ($)
G9012 Transitional Case Management (TCM), per hour. Coordinated care fee, risk adjusted maintenance, other specified care management: Services provided to transition an ‹‹HCBA›› waiver eligible individual from a health facility to a home and community-based setting. This includes the assessment of the individual's medical and non-medical needs, supports in the home and funding. TCM services may be provided up to 180 days before discharge from an institution. Providers may be reimbursed for a maximum of 24 hours per day (24 units).	Home Health Agency (14)	None	45.43
G9012 Transitional Case Management (TCM), per hour. Coordinated care fee, risk adjusted maintenance, other specified care management: Services provided to transition an ‹‹HCBA›› waiver eligible individual from a health facility to a home and community-based setting. This includes the assessment of the individual's medical and non-medical needs, supports in the home and funding. TCM services may be provided up to 180 days before discharge from an institution. Providers may be reimbursed for a maximum of 24 hours per day (24 units).	Professional Corp. (69)	None	45.43

Code and Rate Correlation Table (continued)

Procedure Code/Description HCBS Usage	Provider Type	Additional Required Codes	Rates ($)
G9012 Transitional Case Management (TCM), per hour. Coordinated care fee, risk adjusted maintenance, other specified care management: Services provided to transition an ‹‹HCBA›› waiver eligible individual from a health facility to a home and community-based setting. This includes the assessment of the individual's medical and non-medical needs, supports in the home and funding. TCM services may be provided up to 180 days before discharge from an institution. Providers may be reimbursed for a maximum of 24 hours per day (24 units).	Non-Profit Agency (95)	None	45.43
G9012 Transitional Case Management (TCM), per hour. Coordinated care fee, risk adjusted maintenance, other specified care management: Services provided to transition an ‹‹HCBA›› waiver eligible individual from a health facility to a home and community-based setting. This includes the assessment of the individual's medical and non-medical needs, supports in the home and funding. TCM services may be provided up to 180 days before discharge from an institution. Providers may be reimbursed for a maximum of 24 hours per day (24 units).	HCBS RN (67)	None	35.77

Code and Rate Correlation Table (continued)

Procedure Code/Description HCBS Usage	Provider Type	Additional Required Codes	Rates ($)
G9012 Transitional Case Management (TCM), per hour. Coordinated care fee, risk adjusted maintenance, other specified care management: Services provided to transition an HCBA waiver eligible individual from a health facility to a home and community-based setting. This includes the assessment of the individual's medical and non-medical needs, supports in the home and funding. TCM services may be provided up to 180 days before discharge from an institution. Providers may be reimbursed for a maximum of 24 hours per day (24 units).	HCBS Benefit Provider (68)	None	35.77
H0045 Respite care services, not in the home, per diem. Intermittent or regularly scheduled temporary care and supervision provided to an individual in an approved out of home location, per day. For example, Congregate Living Health Facility (CLHF).	CLHF (59)	U1	91.28
H0045 Respite care services, not in the home, per diem. Intermittent or regularly scheduled temporary care and supervision provided to an individual in an approved out of home location, per day. For example, Congregate Living Health Facility (CLHF).	CLHF (59)	U2	358.97

Code and Rate Correlation Table (continued)

Procedure Code/Description HCBS Usage	Provider Type	Additional Required Codes	Rates ($)
H0045 Respite care services, not in the home, per diem. Intermittent or regularly scheduled temporary care and supervision provided to an individual in an approved out of home location, per day. For example, Congregate Living Health Facility (CLHF).	CLHF (59)	U3	490.60
H0045 Respite care services, not in the home, per diem. Intermittent or regularly scheduled temporary care and supervision provided to an individual in an approved out of home location, per day. For example, Congregate Living Health Facility (CLHF).	CLHF (59)	U4 (Pediatric NF-B)	172.00

Code and Rate Correlation Table (continued)

Procedure Code/Description HCBS Usage	Provider Type	Additional Required Codes	Rates ($)
H0045 Respite care services, not in the home, per diem. Intermittent or regularly scheduled temporary care and supervision provided to an individual in an approved out of home location, per day. For example, Congregate Living Health Facility (CLHF).	CLHF (59)	U5 (Pediatric Subacute)	458.00
H0045 Respite care services, not in the home, per hour. ‹‹Intermittent or temporary care and supervision provided to an individual in an approved out of home location.›› For example, to individuals under the age of 21 in a Pediatric Day Health Center enrolled as a HCBS Benefit Provider. One unit equals one hour.	HCBS Benefit Provider (68)	None	44.12
S5100 Nursing care, out of the home in an approved home-like setting, per 15 minutes. Nursing care for HCBS waiver participants 21-years of age and older, provided by Pediatric Day Health Center HCBS Benefit Providers licensed to operate a Transitional Health Care Needs Optional Services Unit (TCU). One unit equals 15 minutes.	HCBS Benefit Provider (68)	None	11.03

Code and Rate Correlation Table (continued)

Procedure Code/Description HCBS Usage	Provider Type	Additional Required Codes	Rates ($)
S5111 Home care training, family; per session. Family training services provided for the families of individuals served under the HCBA waivers. Training includes instruction about treatment regimens and use of equipment specified in the plan of care, and shall include updates as necessary to maintain the individual's safety at home. Session equals one hour.	HHA (14)	None	45.43
S5111 Home care training, family; per session. Family training services provided for the families of individuals served under the HCBA waivers. Training includes instruction about treatment regimens and use of equipment specified in the plan of care, and shall include updates as necessary to maintain the individual's safety at home. Session equals one hour.	HCBS RN (67)	None	35.77
S5160 Emergency response system; installation and testing. Installation and testing of a Personal Emergency Response System (PERS) for individuals at high risk of institutionalization to secure help in the event of an emergency. Authorization is limited to individuals who: live alone or who are alone for significant parts of the day; have no regular caregiver for extended periods of time; and who would otherwise require extensive routine supervision.	Durable Medical Equipment (DME) (02)	None	Negotiated rate specified on TAR

Code and Rate Correlation Table (continued)

Procedure Code/Description HCBS Usage	Provider Type	Additional Required Codes	Rates ($)
S5160 Emergency response system; installation and testing. Installation and testing of a Personal Emergency Response System (PERS) for individuals at high risk of institutionalization to secure help in the event of an emergency. Authorization is limited to individuals who: live alone or who are alone for significant parts of the day; have no regular caregiver for extended periods of time; and who would otherwise require extensive routine supervision.	Non-Profit Proprietary Agency (95)	None	Negotiated rate specified on TAR
S5160 Emergency response system; installation and testing. Installation and testing of a Personal Emergency Response System (PERS) for individuals at high risk of institutionalization to secure help in the event of an emergency. Authorization is limited to individuals who: live alone or who are alone for significant parts of the day; have no regular caregiver for extended periods of time; and who would otherwise require extensive routine supervision.	HHA (14)	None	Negotiated rate specified on TAR

‹‹**Code and Rate Correlation Table (continued)**››

Procedure Code/Description HCBS Usage	**Provider Type**	**Additional Required Codes**	**Rates ($)**
S5160 Emergency response system; installation and testing. Installation and testing of a Personal Emergency Response System (PERS) for individuals at high risk of institutionalization to secure help in the event of an emergency. Authorization is limited to individuals who: live alone or who are alone for significant parts of the day; have no regular caregiver for extended periods of time; and who would otherwise require extensive routine supervision.	Professional Corp. (69)	None	Negotiated rate specified on TAR
S5161 Emergency response system; service fee, per month (excludes installation and testing). Personal Emergency Response System (PERS) is an electronic device that enables individuals at high risk of institutionalization to secure help in the event of an emergency. Authorization is limited to individuals who: live alone or who are alone for significant parts of the day; have no regular caregiver for extended periods of time; and who would otherwise require extensive routine supervision. Monthly.	DME (02)	None	Negotiated rate specified on TAR

‹‹**Code and Rate Correlation Table (continued)**››

Procedure Code/Description HCBS Usage	**Provider Type**	**Additional Required Codes**	**Rates ($)**
S5161 Emergency response system; service fee, per month (excludes installation and testing). Personal Emergency Response System (PERS) is an electronic device that enables individuals at high risk of institutionalization to secure help in the event of an emergency. Authorization is limited to individuals who: live alone or who are alone for significant parts of the day; have no regular caregiver for extended periods of time; and who would otherwise require extensive routine supervision. Monthly.	Non-Profit Proprietary Agency (95)	None	Negotiated rate specified on TAR
S5161 Emergency response system; service fee, per month (excludes installation and testing). Personal Emergency Response System (PERS) is an electronic device that enables individuals at high risk of institutionalization to secure help in the event of an emergency. Authorization is limited to individuals who: live alone or who are alone for significant parts of the day; have no regular caregiver for extended periods of time; and who would otherwise require extensive routine supervision. Monthly.	HHA (14)	None	Negotiated rate specified on TAR

‹‹**Code and Rate Correlation Table (continued)**››

Procedure Code/Description HCBS Usage	**Provider Type**	**Additional Required Codes**	**Rates ($)**
S5161 Emergency response system; service fee, per month (excludes installation and testing). Personal Emergency Response System (PERS) is an electronic device that enables individuals at high risk of institutionalization to secure help in the event of an emergency. Authorization is limited to individuals who: live alone or who are alone for significant parts of the day; have no regular caregiver for extended periods of time; and who would otherwise require extensive routine supervision. Monthly.	Professional Corp. (69)	None	Negotiated rate specified on TAR
S5165 Home modifications; per service. Environmental accessibility adaptations that consist of physical adaptations to the home, given the individual's unique physical condition and requirements necessary to enable the waiver recipient to receive care at home and to ensure the health, welfare and safety of the individual. Lifetime benefit limit.	DME (02)	None	Negotiated rate specified on TAR Negotiated rate not to exceed lifetime benefit of $5000
S5165 Home modifications; per service. Environmental accessibility adaptations that consist of physical adaptations to the home, given the individual's unique physical condition and requirements necessary to enable the waiver recipient to receive care at home and to ensure the health, welfare and safety of the individual. Lifetime benefit limit.	Building Contractor (63)	None	Negotiated rate specified on TAR Negotiated rate not to exceed lifetime benefit of $5000

‹‹**Code and Rate Correlation Table (continued)**››

Procedure Code/Description HCBS Usage	**Provider Type**	**Additional Required Codes**	**Rates ($)**
S5165 Home modifications; per service. Environmental accessibility adaptations that consist of physical adaptations to the home, given the individual's unique physical condition and requirements necessary to enable the waiver recipient to receive care at home and to ensure the health, welfare and safety of the individual. Lifetime benefit limit.	Non-Profit Proprietary Agency (95)	None	Negotiated rate specified on TAR Negotiated rate not to exceed lifetime benefit of $5000
S5165 Home modifications; per service. Environmental accessibility adaptations that consist of physical adaptations to the home, given the individual's unique physical condition and requirements necessary to enable the waiver recipient to receive care at home and to ensure the health, welfare and safety of the individual. Lifetime benefit limit.	HCBS RN (67)	None	Negotiated rate specified on TAR Negotiated rate not to exceed lifetime benefit of $5000
S5165 Home modifications; per service. Environmental accessibility adaptations that consist of physical adaptations to the home, given the individual's unique physical condition and requirements necessary to enable the waiver recipient to receive care at home and to ensure the health, welfare and safety of the individual. Lifetime benefit limit.	HCBS Benefit Provider (68)	None	Negotiated rate specified on TAR Negotiated rate not to exceed lifetime benefit of $5000

‹‹**Code and Rate Correlation Table (continued)**››

Procedure Code/Description HCBS Usage	**Provider Type**	**Additional Required Codes**	**Rates ($)**
S5165HT Home modifications; per service. For California Community Transition (CCT) Demonstration Project providers only. Environmental accessibility adaptations that consist of physical adaptations to the home, given the individual's unique physical condition and requirements necessary to enable the waiver recipient to receive care at home and to ensure the health, welfare and safety of the individual. When claims are submitted for the same person with modifier HT and are submitted on the same or different days for different areas of the home, descriptions need to be included in the *Remarks* section of the claim or on an attachment describing the area of the home and work being done.	DME (02)	Revenue code 3109	Not to exceed $7,500 per lifetime. One per lifetime. Requires at least two bids.

‹‹**Code and Rate Correlation Table (continued)**››

Procedure Code/Description HCBS Usage	**Provider Type**	**Additional Required Codes**	**Rates ($)**
S5165HT Home modifications; per service. For California Community Transition (CCT) Demonstration Project providers only. Environmental accessibility adaptations that consist of physical adaptations to the home, given the individual's unique physical condition and requirements necessary to enable the waiver recipient to receive care at home and to ensure the health, welfare and safety of the individual. When claims are submitted for the same person with modifier HT and are submitted on the same or different days for different areas of the home, descriptions need to be included in the *Remarks* section of the claim or on an attachment describing the area of the home and work being done.	HHA (14)	Revenue code 3109	Not to exceed $7,500 per lifetime. One per lifetime. Requires at least two bids.

‹‹**Code and Rate Correlation Table (continued)**››

Procedure Code/Description HCBS Usage	**Provider Type**	**Additional Required Codes**	**Rates ($)**
S5165HT Home modifications; per service. For California Community Transition (CCT) Demonstration Project providers only. Environmental accessibility adaptations that consist of physical adaptations to the home, given the individual's unique physical condition and requirements necessary to enable the waiver recipient to receive care at home and to ensure the health, welfare and safety of the individual. When claims are submitted for the same person with modifier HT and are submitted on the same or different days for different areas of the home, descriptions need to be included in the *Remarks* section of the claim or on an attachment describing the area of the home and work being done.	Personal Care Agency (66)	Revenue code 3109	Not to exceed $7,500 per lifetime. One per lifetime. Requires at least two bids.

‹‹**Code and Rate Correlation Table (continued)**››

Procedure Code/Description HCBS Usage	**Provider Type**	**Additional Required Codes**	**Rates ($)**
S5165HT Home modifications; per service. For California Community Transition (CCT) Demonstration Project providers only. Environmental accessibility adaptations that consist of physical adaptations to the home, given the individual's unique physical condition and requirements necessary to enable the waiver recipient to receive care at home and to ensure the health, welfare and safety of the individual. When claims are submitted for the same person with modifier HT and are submitted on the same or different days for different areas of the home, descriptions need to be included in the *Remarks* section of the claim or on an attachment describing the area of the home and work being done.	HCBS RN (67)	Revenue code 3109	Not to exceed $7,500 per lifetime. One per lifetime. Requires at least two bids

‹‹**Code and Rate Correlation Table (continued)**››

Procedure Code/Description HCBS Usage	**Provider Type**	**Additional Required Codes**	**Rates ($)**
S5165HT Home modifications; per service. For California Community Transition (CCT) Demonstration Project providers only. Environmental accessibility adaptations that consist of physical adaptations to the home, given the individual's unique physical condition and requirements necessary to enable the waiver recipient to receive care at home and to ensure the health, welfare and safety of the individual. When claims are submitted for the same person with modifier HT and are submitted on the same or different days for different areas of the home, descriptions need to be included in the *Remarks* section of the claim or on an attachment describing the area of the home and work being done.	HCBS Benefit Provider (68)	Revenue code 3109	Not to exceed $7,500 per lifetime. One per lifetime. Requires at least two bids.

‹‹**Code and Rate Correlation Table (continued)**››

Procedure Code/Description HCBS Usage	**Provider Type**	**Additional Required Codes**	**Rates ($)**
S5165HT Home modifications; per service. For California Community Transition (CCT) Demonstration Project providers only. Environmental accessibility adaptations that consist of physical adaptations to the home, given the individual's unique physical condition and requirements necessary to enable the waiver recipient to receive care at home and to ensure the health, welfare and safety of the individual. When claims are submitted for the same person with modifier HT and are submitted on the same or different days for different areas of the home, descriptions need to be included in the *Remarks* section of the claim or on an attachment describing the area of the home and work being done.	Professional Corp. (69)	Revenue code 3109	Not to exceed $7,500 per lifetime. One per lifetime. Requires at least two bids.

Code and Rate Correlation Table (continued)

Procedure Code/Description HCBS Usage	Provider Type	Additional Required Codes	Rates ($)
S9122 Home health aide or certified nurse assistant, providing care in the home; per hour. Individual private duty services provided by a certified home health aide (CHHA) who is employed by a Home Health Agency and supervised by a registered nurse. Per hour.	HHA (14)	None	28.35
S9122 Home health aide or certified nurse assistant, providing care in the home; per hour. Individual private duty services provided by a certified home health aide (CHHA) who is employed by a Home Health Agency and supervised by a registered nurse. Per hour.	HHA (14)	TT	31.19

Code and Rate Correlation Table (continued)

Procedure Code/Description HCBS Usage	Provider Type	Additional Required Codes	Rates ($)
S9123 Nursing care, in the home; by registered nurse, per hour (use of general nursing care only, not to be used when CPT® codes 99500 thru 99602 can be used). Individual private duty nursing services provided by a registered nurse for individual and shared nursing care.	HHA (14)	None	60.86
S9123 Nursing care, in the home; by registered nurse, per hour (use of general nursing care only, not to be used when CPT codes 99500 thru 99602 can be used). Individual private duty nursing services provided by a registered nurse for individual and shared nursing care.	HCBS RN (67)	None	47.91
S9123 Nursing care, in the home; by registered nurse, per hour (use of general nursing care only, not to be used when CPT codes 99500 thru 99602 can be used). Individual private duty nursing services provided by a registered nurse for individual and shared nursing care.	HHA (14)	TT	66.95

Code and Rate Correlation Table (continued)

Procedure Code/Description HCBS Usage	Provider Type	Additional Required Codes	Rates ($)
S9123 Nursing care, in the home; by registered nurse, per hour (use of general nursing care only, not to be used when CPT codes 99500 thru 99602 can be used). Individual private duty nursing services provided by a registered nurse for individual and shared nursing care.	HCBS RN (67)	TT	52.70
S9124 Nursing care, in the home; by licensed practical nurse, per hour. Individual private duty nursing services provided by a licensed vocational nurse (LVN) for individual and shared nursing care.	HHA (14)	None	44.12
S9124 Nursing care, in the home; by licensed practical nurse, per hour. Individual private duty nursing services provided by a licensed vocational nurse (LVN) for individual and shared nursing care.	HCBS LVN (67)	None	36.63
S9124 Nursing care, in the home; by licensed practical nurse, per hour. Individual private duty nursing services provided by a licensed vocational nurse (LVN) for individual and shared nursing care.	HHA (14)	TT	48.53

Code and Rate Correlation Table (continued)

Procedure Code/Description HCBS Usage	Provider Type	Additional Required Codes	Rates ($)
S9124 Nursing care, in the home; by licensed practical nurse, per hour. Individual private duty nursing services provided by a licensed vocational nurse (LVN) for individual and shared nursing care.	HCBS LVN (67)	TT	40.29
T1005 Respite care services, up to 15 minutes. Intermittent or regularly scheduled temporary care and supervision provided to an individual in their home or in an approved out of home location. 1 unit equals 15 minutes.	HHA (14)	None	4.72
T1005 Respite care services, up to 15 minutes. Intermittent or regularly scheduled temporary care and supervision provided to an individual in their home or in an approved out of home location. 1 unit equals 15 minutes.	Personal Care Agency (66)	None	‹‹5.28››
T1005 Respite care services, up to 15 minutes. Intermittent or regularly scheduled temporary care and supervision provided to an individual in their home or in an approved out of home location. 1 unit equals 15 minutes.	Non-Profit Propriety Agency (95)	None	‹‹5.28››

Code and Rate Correlation Table (continued)

Procedure Code/Description HCBS Usage	Provider Type	Additional Required Codes	Rates ($)
T1005 Respite care services, up to 15 minutes. Intermittent or regularly scheduled temporary care and supervision provided to an individual in their home or in an approved out of home location. 1 unit equals 15 minutes.	Employment Agency (64)	None	‹‹5.28››
T1016 Case management, each 15 minutes. Consists of the development of a treatment plan, ongoing case management activities and HCBS registered nurse supervisory activities of private duty services (individual or shared) provided by an HCBS LVN. 1 unit equals 15 minutes.	HHA (14)	None	11.36
T1016 Case management, each 15 minutes. Consists of the development of a treatment plan, ongoing case management activities and HCBS registered nurse supervisory activities of private duty services (individual or shared) provided by an HCBS LVN. 1 unit equals 15 minutes.	Professional Corp (69)	None	11.36

Code and Rate Correlation Table (continued)

Procedure Code/Description HCBS Usage	Provider Type	Additional Required Codes	Rates ($)
T1016 Case management, each 15 minutes. Consists of the development of a treatment plan, ongoing case management activities and HCBS registered nurse supervisory activities of private duty services (individual or shared) provided by an HCBS LVN. 1 unit equals 15 minutes.	HCBS RN (67)	None	9.94
T1016 Case management, each 15 minutes. Consists of the development of a treatment plan, ongoing case management activities and HCBS registered nurse supervisory activities of private duty services (individual or shared) provided by an HCBS LVN. 1 unit equals 15 minutes.	HCBS Benefit Provider (68)	None	9.94
T1016 Case management, each 15 minutes. Consists of the development of a treatment plan, ongoing case management activities and HCBS registered nurse supervisory activities of private duty services (individual or shared) provided by an HCBS LVN. 1 unit equals 15 minutes.	Non-Profit Proprietary Agency (95)	None	11.36

Code and Rate Correlation Table (continued)

Procedure Code/Description HCBS Usage	Provider Type	Additional Required Codes	Rates ($)
T1019 Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, Intermediate Care Facility/Mentally Retarded (ICF/MR) or Institution for Mental Disease (IMD), part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant). Supportive services to assist an individual to remain at home and includes assistance to independent activities of daily living and adult companionship. 1 unit equals 15 minutes.	HHA (14)	None	‹‹5.28››
T1019 Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, Intermediate Care Facility/Mentally Retarded (ICF/MR) or Institution for Mental Disease (IMD), part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant). Supportive services to assist an individual to remain at home and includes assistance to independent activities of daily living and adult companionship. 1 unit equals 15 minutes.	Personal Care Agency (66)	None	‹‹5.28››

Code and Rate Correlation Table (continued)

Procedure Code/Description HCBS Usage	Provider Type	Additional Required Codes	Rates ($)
T1019 Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, Intermediate Care Facility/Mentally Retarded (ICF/MR) or Institution for Mental Disease (IMD), part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant). Supportive services to assist an individual to remain at home and includes assistance to independent activities of daily living and adult companionship. 1 unit equals 15 minutes.	Employment Agency (64)	None	‹‹5.28››
T1019 Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, Intermediate Care Facility/Mentally Retarded (ICF/MR) or Institution for Mental Disease (IMD), part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant). Supportive services to assist an individual to remain at home and includes assistance to independent activities of daily living and adult companionship. 1 unit equals 15 minutes.	Professional Corp (69)	None	‹‹5.28››

Code and Rate Correlation Table (continued)

Procedure Code/Description HCBS Usage	Provider Type	Additional Required Codes	Rates ($)
T1019 Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, Intermediate Care Facility/Mentally Retarded (ICF/MR) or Institution for Mental Disease (IMD), part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant). Supportive services to assist an individual to remain at home and includes assistance to independent activities of daily living and adult companionship. 1 unit equals 15 minutes.	Non-Profit Proprietary Agency (95)	None	5.00
T1019 Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, Intermediate Care Facility/Mentally Retarded (ICF/MR) or Institution for Mental Disease (IMD), part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant). Supportive services to assist an individual to remain at home and includes assistance to independent activities of daily living and adult companionship. 1 unit equals 15 minutes.	‹‹HCBS Benefit Provider (68)››	None	5.28

Code and Rate Correlation Table (continued)

Procedure Code/Description HCBS Usage	Provider Type	Additional Required Codes	Rates ($)
T2017 Habilitation, residential, waiver; 15 minutes. Services to assist in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in a participant's natural environment. Providers may bill a maximum of 24 hours per day (96 units).	HHA RN (14)	None	11.36
T2017 Habilitation, residential, waiver; 15 minutes. Services to assist in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in a participant's natural environment. Providers may bill a maximum of 24 hours per day (96 units).	Professional Corp. (69)	None	11.36
T2017 Habilitation, residential, waiver; 15 minutes. Services to assist in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in a participant's natural environment. Providers may bill a maximum of 24 hours per day (96 units).	Non-Profit Proprietary Agency (95)	None	11.36

Code and Rate Correlation Table (continued)

Procedure Code/Description HCBS Usage	Provider Type	Additional Required Codes	Rates ($)
T2017 Habilitation, residential, waiver; 15 minutes. Services to assist in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in a participant's natural environment. Providers may bill a maximum of 24 hours per day (96 units).	HCBS RN (67)	None	8.94
T2017 Habilitation, residential, waiver; 15 minutes. Services to assist in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in a participant's natural environment. Providers may bill a maximum of 24 hours per day (96 units).	HCBS Benefit Provider (68)	None	8.94
‹‹T2028 Specialized supply, not otherwise specified, waiver. Also classified as an assistive device. Items designed to accommodate an individual's functional limitations and promote independence, including, but not limited to, lift chairs, stair lifts, diabetic shoes and adaptations to personal computers. The need for items must be documented in the individual's comprehensive service plan with an explanation of how the item(s) would prevent elevation to a higher level of care or return to a health care facility.	DME (02)	Revenue code 0569	Negotiated rate specified on TAR. Not to exceed $2,500 per year.››

Code and Rate Correlation Table (continued)

Procedure Code/Description HCBS Usage	Provider Type	Additional Required Codes	Rates ($)
‹‹T2028 Specialized supply, not otherwise specified, waiver. Also classified as an assistive device. Items designed to accommodate an individual's functional limitations and promote independence, including, but not limited to tablets for accessing telehealth services and adaptations to personal computers. The need for items must be documented in the individual's comprehensive service plan with an explanation of how the item(s) would prevent elevation to a higher level of care or return to a health care facility.	HHA (14)	Revenue code 0569	Negotiated rate specified on TAR. Not to exceed $2,500 per year.››
‹‹T2028 Specialized supply, not otherwise specified, waiver. Also classified as an assistive device. Items designed to accommodate an individual's functional limitations and promote independence, including, but not limited to, lift chairs, stair lifts, diabetic shoes and adaptations to personal computers. The need for items must be documented in the individual's comprehensive service plan with an explanation of how the item(s) would prevent elevation to a higher level of care or return to a health care facility.	HCBS RN (67)	Revenue code 0569	Negotiated rate specified on TAR. Not to exceed $2,500 per year.››

Code and Rate Correlation Table (continued)

Procedure Code/Description HCBS Usage	Provider Type	Additional Required Codes	Rates ($)
‹‹T2028 Specialized supply, not otherwise specified, waiver. Also classified as an assistive device. Items designed to accommodate an individual's functional limitations and promote independence, including, but not limited to, lift chairs, stair lifts, diabetic shoes and adaptations to personal computers. The need for items must be documented in the individual's comprehensive service plan with an explanation of how the item(s) would prevent elevation to a higher level of care or return to a health care facility.	HCBS Benefit Provider (68)	Revenue code 0569	Negotiated rate specified on TAR. Not to exceed $2,500 per year.››
‹‹T2028 Specialized supply, not otherwise specified, waiver. Also classified as an assistive device. Items designed to accommodate an individual's functional limitations and promote independence, including, but not limited to, lift chairs, stair lifts, diabetic shoes and adaptations to personal computers. The need for items must be documented in the individual's comprehensive service plan with an explanation of how the item(s) would prevent elevation to a higher level of care or return to a health care facility.	Professional Corporation (69)	Revenue code 0569	Negotiated rate specified on TAR. Not to exceed $2,500 per year.››

Code and Rate Correlation Table (continued)

Procedure Code/Description HCBS Usage	Provider Type	Additional Required Codes	Rates ($)
‹‹T2028 Specialized supply, not otherwise specified, waiver. Also classified as an assistive device. Items designed to accommodate an individual's functional limitations and promote independence, including, but not limited to, lift chairs, stair lifts, diabetic shoes and adaptations to personal computers. The need for items must be documented in the individual's comprehensive service plan with an explanation of how the item(s) would prevent elevation to a higher level of care or return to a health care facility.	Non-Profit Proprietary Agency (95)	Revenue code 0569	Negotiated Rate specified on TAR Not to exceed $2,500 per year.››
T2028U6 Specialized supply, not otherwise specified, waiver. For California Community Transition (CCT) Demonstration Project providers only. Also classified as an assistive device. Items designed to accommodate an individual's functional limitations and promote independence, including, but not limited to, lift chairs, stair lifts, diabetic shoes and adaptations to personal computers. The need for items must be documented in the individual's comprehensive service plan with an explanation of how the item(s) would prevent elevation to a higher level of care or return to a health care facility.	HHA (14)	Revenue code 0569	Not to exceed $7,500 per lifetime. One per lifetime.

Code and Rate Correlation Table (continued)

Procedure Code/Description HCBS Usage	Provider Type	Additional Required Codes	Rates ($)
T2028U6 Specialized supply, not otherwise specified, waiver. For California Community Transition (CCT) Demonstration Project providers only. Also classified as an assistive device. Items designed to accommodate an individual's functional limitations and promote independence, including, but not limited to, lift chairs, stair lifts, diabetic shoes and adaptations to personal computers. The need for items must be documented in the individual's comprehensive service plan with an explanation of how the item(s) would prevent elevation to a higher level of care or return to a health care facility.	Personal Care Agency (66)	Revenue code 0569	Not to exceed $7,500 per lifetime. One per lifetime.

Code and Rate Correlation Table (continued)

Procedure Code/Description HCBS Usage	Provider Type	Additional Required Codes	Rates ($)
T2028U6 Specialized supply, not otherwise specified, waiver. For California Community Transition (CCT) Demonstration Project providers only. Also classified as an assistive device. Items designed to accommodate an individual's functional limitations and promote independence, including, but not limited to, lift chairs, stair lifts, diabetic shoes and adaptations to personal computers. The need for items must be documented in the individual's comprehensive service plan with an explanation of how the item(s) would prevent elevation to a higher level of care or return to a health care facility.	HCBS RN (67)	Revenue code 0569	Not to exceed $7,500 per lifetime. One per lifetime.

Code and Rate Correlation Table (continued)

Procedure Code/Description HCBS Usage	Provider Type	Additional Required Codes	Rates ($)
T2028U6 Specialized supply, not otherwise specified, waiver. For California Community Transition (CCT) Demonstration Project providers only. Also classified as an assistive device. Items designed to accommodate an individual's functional limitations and promote independence, including, but not limited to, lift chairs, stair lifts, diabetic shoes and adaptations to personal computers. The need for items must be documented in the individual's comprehensive service plan with an explanation of how the item(s) would prevent elevation to a higher level of care or return to a health care facility.	Non-Profit Proprietary Agency (95)	Revenue code 0569	Not to exceed $7,500 per lifetime. One per lifetime.

Code and Rate Correlation Table (continued)

Procedure Code/Description HCBS Usage	Provider Type	Additional Required Codes	Rates ($)
T2028U6 Specialized supply, not otherwise specified, waiver. For California Community Transition (CCT) Demonstration Project providers only. Also classified as an assistive device. Items designed to accommodate an individual's functional limitations and promote independence, including, but not limited to, lift chairs, stair lifts, diabetic shoes and adaptations to personal computers. The need for items must be documented in the individual's comprehensive service plan with an explanation of how the item(s) would prevent elevation to a higher level of care or return to a health care facility.	DME (02)	Revenue code 0569	Not to exceed $7,500 per lifetime. One per lifetime.

Code and Rate Correlation Table (continued)

Procedure Code/Description HCBS Usage	Provider Type	Additional Required Codes	Rates ($)
T2033 Residential care, not otherwise specified (NOS), waiver; per diem. Private duty nursing services provided by a Congregate Living Health Facility (CLHF), or Intermediate Care Facility for the Developmentally Disabled-Continuous Nursing (ICF/DD-CN) per day.	CLHF (59)	U1	91.28
T2033 Residential care, not otherwise specified (NOS), waiver; per diem. Private duty nursing services provided by a Congregate Living Health Facility (CLHF), or Intermediate Care Facility for the Developmentally Disabled-Continuous Nursing (ICF/DD-CN) per day.	CLHF (59)	U2	358.97
T2033 Residential care, not otherwise specified (NOS), waiver; per diem. Private duty nursing services provided by a Congregate Living Health Facility (CLHF), or Intermediate Care Facility for the Developmentally Disabled-Continuous Nursing (ICF/DD-CN) per day.	CLHF (59)	U3	490.60

Code and Rate Correlation Table (continued)

Procedure Code/Description HCBS Usage	Provider Type	Additional Required Codes	Rates ($)
T2033 Residential care, not otherwise specified (NOS), waiver; per diem. Private duty nursing services provided by a Congregate Living Health Facility (CLHF), or Intermediate Care Facility for the Developmentally Disabled-Continuous Nursing (ICF/DD-CN) per day.	CLHF (59)	U4 (Pediatric NF-B)	172.00
T2033 Residential care, not otherwise specified (NOS), waiver; per diem. Private duty nursing services provided by a Congregate Living Health Facility (CLHF), or Intermediate Care Facility for the Developmentally Disabled-Continuous Nursing (ICF/DD-CN) per day.	CLHF (59)	U5 (Pediatric Subacute)	458.00
T2033 Residential care, not otherwise specified (NOS), waiver; per diem. Private duty nursing services provided by a Congregate Living Health Facility (CLHF), or Intermediate Care Facility for the Developmentally Disabled-Continuous Nursing (ICF/DD-CN) per day.	CLHF (59)	U8 (DD/CNC Non-Vent)	506.92

Code and Rate Correlation Table (continued)

Procedure Code/Description HCBS Usage	Provider Type	Additional Required Codes	Rates ($)
T2033 Residential care, not otherwise specified (NOS), waiver; per diem. Private duty nursing services provided by a Congregate Living Health Facility (CLHF), or Intermediate Care Facility for the Developmentally Disabled-Continuous Nursing (ICF/DD-CN) per day.	CLHF (59)	U9 (DD/CNC Ventilator Dependent)	560.13
T2035 Utility services to support medical equipment and assistive technology/devices, waiver. Reimbursement to the individual for utility costs limited to the portion of the utility costs attributed to the use of life sustaining equipment, such as ventilators, suction machines, monitors and feeding pumps. Assistive technology/devices are not covered by this waiver. Requests for less than $20 per month will not be approved. Monthly.	HHA (14)	None	Negotiated rate specified on TAR Min. $20/month Max. $75/month
T2035 Utility services to support medical equipment and assistive technology/devices, waiver. Reimbursement to the individual for utility costs limited to the portion of the utility costs attributed to the use of life sustaining equipment, such as ventilators, suction machines, monitors and feeding pumps. Assistive technology/devices are not covered by this waiver. Requests for less than $20 per month will not be approved. Monthly.	Professional Corp. (69)	None	Negotiated rate specified on TAR Min. $20/month Max. $75/month

Code and Rate Correlation Table (continued)

Procedure Code/Description HCBS Usage	Provider Type	Additional Required Codes	Rates ($)
T2035 Utility services to support medical equipment and assistive technology/devices, waiver. Reimbursement to the individual for utility costs limited to the portion of the utility costs attributed to the use of life sustaining equipment, such as ventilators, suction machines, monitors and feeding pumps. Assistive technology/devices are not covered by this waiver. Requests for less than $20 per month will not be approved. Monthly.	HCBS RN (67)	None	Negotiated rate specified on TAR Min. $20/month Max. $75/month
T2035 Utility services to support medical equipment and assistive technology/devices, waiver. Reimbursement to the individual for utility costs limited to the portion of the utility costs attributed to the use of life sustaining equipment, such as ventilators, suction machines, monitors and feeding pumps. Assistive technology/devices are not covered by this waiver. Requests for less than $20 per month will not be approved. Monthly.	HCBS Benefit Provider (68)	None	Negotiated rate specified on TAR Min. $20/month Max. $75/month

Code and Rate Correlation Table (continued)

Procedure Code/Description HCBS Usage	Provider Type	Additional Required Codes	Rates ($)
T2038 Community transition, waiver; per service. Non-recurring set-up expenses for individuals transitioning from a licensed medical facility to the community where the person is directly responsible for his/her own living expenses. When claims are submitted for the same person with modifier HT and are submitted on the same or different days for different areas of the home, descriptions need to be included in the *Remarks* section of the claim or on an attachment describing the area of the home and work being done.	HHA (14)	None	Not to exceed the lifetime benefit of $5,000
T2038 Community transition, waiver; per service. Non-recurring set-up expenses for individuals transitioning from a licensed medical facility to the community where the person is directly responsible for his/her own living expenses. When claims are submitted for the same person with modifier HT and are submitted on the same or different days for different areas of the home, descriptions need to be included in the *Remarks* section of the claim or on an attachment describing the area of the home and work being done.	Professional Corp (69)	None	Not to exceed the lifetime benefit of $5,000

Code and Rate Correlation Table (continued)

Procedure Code/Description HCBS Usage	Provider Type	Additional Required Codes	Rates ($)
T2038 Community transition, waiver; per service. Non-recurring set-up expenses for individuals transitioning from a licensed medical facility to the community where the person is directly responsible for his/her own living expenses. When claims are submitted for the same person with modifier HT and are submitted on the same or different days for different areas of the home, descriptions need to be included in the *Remarks* section of the claim or on an attachment describing the area of the home and work being done.	Non-Profit Proprietary Agency (95)	None	Not to exceed the lifetime benefit of $5,000
T2038 Community transition, waiver; per service. Non-recurring set-up expenses for individuals transitioning from a licensed medical facility to the community where the person is directly responsible for his/her own living expenses. When claims are submitted for the same person with modifier HT and are submitted on the same or different days for different areas of the home, descriptions need to be included in the *Remarks* section of the claim or on an attachment describing the area of the home and work being done.	HCBS RN (67)	None	Not to exceed the lifetime benefit of $5,000

Code and Rate Correlation Table (continued)

Procedure Code/Description HCBS Usage	Provider Type	Additional Required Codes	Rates ($)
T2038 Community transition, waiver; per service. Non-recurring set-up expenses for individuals transitioning from a licensed medical facility to the community where the person is directly responsible for his/her own living expenses. When claims are submitted for the same person with modifier HT and are submitted on the same or different days for different areas of the home, descriptions need to be included in the *Remarks* section of the claim or on an attachment describing the area of the home and work being done.	HCBS Benefit Provider (68)	None	Not to exceed the lifetime benefit of $5,000
Long Term Care (LTC) interim code (depending on level of care). Intermittent or regularly scheduled temporary care and supervision provided to an individual in an approved LTC facility, per day. LTC facilities will submit authorization requests using a Long Term Care TAR form (20-1) and submit claims on the *Payment Request for Long Term Care* (25-1) claim form.	LTC Facility (17)	None	Contracted Medi-Cal daily per diem

Code and Rate Correlation Table (continued)

Procedure Code/Description HCBS Usage	Provider Type	Additional Required Codes	Rates ($)
PT2038HT Home set up, waiver; per service. For California Community Transition (CCT) Demonstration Project providers only. Non-recurring set-up expenses for individuals transitioning from a licensed medical facility to the community where the person is directly responsible for his/her own living expenses.	DME (02)	Revenue code 3109	Negotiated rate specified on TAR
PT2038HT Home set up, waiver; per service. For California Community Transition (CCT) Demonstration Project providers only. Non-recurring set-up expenses for individuals transitioning from a licensed medical facility to the community where the person is directly responsible for his/her own living expenses.	HHA (14)	Revenue code 3109	Negotiated rate specified on TAR
PT2038HT Home set up, waiver; per service. For California Community Transition (CCT) Demonstration Project providers only. Non-recurring set-up expenses for individuals transitioning from a licensed medical facility to the community where the person is directly responsible for his/her own living expenses.	Personal Care Agency (66)	Revenue code 3109	Negotiated rate specified on TAR

Code and Rate Correlation Table (continued)

Procedure Code/Description HCBS Usage	Provider Type	Additional Required Codes	Rates ($)
PT2038HT Home set up, waiver; per service. For California Community Transition (CCT) Demonstration Project providers only. Non-recurring set-up expenses for individuals transitioning from a licensed medical facility to the community where the person is directly responsible for his/her own living expenses.	HCBS RN (67)	Revenue code 3109	Negotiated rate specified on TAR
PT2038HT Home set up, waiver; per service. For California Community Transition (CCT) Demonstration Project providers only. Non-recurring set-up expenses for individuals transitioning from a licensed medical facility to the community where the person is directly responsible for his/her own living expenses.	HCBS Benefit Provider (68)	Revenue code 3109	Negotiated rate specified on TAR
PT2038HT Home set up, waiver; per service. For California Community Transition (CCT) Demonstration Project providers only. Non-recurring set-up expenses for individuals transitioning from a licensed medical facility to the community where the person is directly responsible for his/her own living expenses.	Professional Corp. (69)	Revenue code 3109	Negotiated rate specified on TAR

Code and Rate Correlation Table (continued)

Procedure Code/Description HCBS Usage	Provider Type	Additional Required Codes	Rates ($)
PT2038HT Home set up, waiver; per service. For California Community Transition (CCT) Demonstration Project providers only. Non-recurring set-up expenses for individuals transitioning from a licensed medical facility to the community where the person is directly responsible for his/her own living expenses.	Non-Profit Proprietary Agency (95)	Revenue code 3109	Negotiated rate specified on TAR
T2039U6 Vehicle modifications, waiver; per service. For CCT Demonstration Project providers only. Devices and controls, required to enable an individual and/or his or her family members or caregivers to transport the individual in his or her vehicle. It must be documented in the individual's comprehensive service plan how these items will sustain the person's independence or physical safety and allow him or her to live in a community setting. Includes, but it is not limited to, installation and training in the care and use of these items.	HHA (14)	Revenue code 0569	Not to exceed $12,000 per lifetime. One per lifetime.

Code and Rate Correlation Table (continued)

Procedure Code/Description HCBS Usage	Provider Type	Additional Required Codes	Rates ($)
T2039U6 Vehicle modifications, waiver; per service. For CCT Demonstration Project providers only. Devices and controls, required to enable an individual and/or his or her family members or caregivers to transport the individual in his or her vehicle. It must be documented in the individual's comprehensive service plan how these items will sustain the person's independence or physical safety and allow him or her to live in a community setting. Includes, but it is not limited to, installation and training in the care and use of these items.	Personal Care Agency (66)	Revenue code 0569	Not to exceed $12,000 per lifetime. One per lifetime.
T2039U6 Vehicle modifications, waiver; per service. For CCT Demonstration Project providers only. Devices and controls, required to enable an individual and/or his or her family members or caregivers to transport the individual in his or her vehicle. It must be documented in the individual's comprehensive service plan how these items will sustain the person's independence or physical safety and allow him or her to live in a community setting. Includes, but it is not limited to, installation and training in the care and use of these items.	HCBS RN (67)	Revenue code 0569	Not to exceed $12,000 per lifetime. One per lifetime.

Code and Rate Correlation Table (continued)

Procedure Code/Description HCBS Usage	Provider Type	Additional Required Codes	Rates ($)
T2039U6 Vehicle modifications, waiver; per service. For CCT Demonstration Project providers only. Devices and controls, required to enable an individual and/or his or her family members or caregivers to transport the individual in his or her vehicle. It must be documented in the individual's comprehensive service plan how these items will sustain the person's independence or physical safety and allow him or her to live in a community setting. Includes, but it is not limited to, installation and training in the care and use of these items.	Non-Profit Proprietary Agency (95)	Revenue code 0569	Not to exceed $12,000 per lifetime. One per lifetime.
T2039U6 Vehicle modifications, waiver; per service. For CCT Demonstration Project providers only. Devices and controls, required to enable an individual and/or his or her family members or caregivers to transport the individual in his or her vehicle. It must be documented in the individual's comprehensive service plan how these items will sustain the person's independence or physical safety and allow him or her to live in a community setting. Includes, but it is not limited to, installation and training in the care and use of these items.	DME (02)	Revenue code 0569	Not to exceed $12,000 per lifetime. One per lifetime.

Code and Rate Correlation Table (continued)

Procedure Code/Description HCBS Usage	Provider Type	Additional Required Codes	Rates ($)
G9012 Other specified case management service not elsewhere classified. Transitional Case Management (TCM), per one-hour billing increment. For California Community Transition (CCT) Demonstration Project providers only. Coordinated care fee, risk adjusted maintenance, other specified care management: Services provided to transition an eligible individual from a health facility to a home and community-based setting. This includes the assessment of the individual's medical and non-medical needs, supports in the home and funding. TCM services may be provided up to 180 days before discharge from an institution. Providers may be reimbursed for a maximum of 24 hours per day (24 units).	HHA (14)	U6	45.43

Code and Rate Correlation Table (continued)

Procedure Code/Description HCBS Usage	Provider Type	Additional Required Codes	Rates ($)
G9012 Other specified case management service not elsewhere classified. Transitional Case Management (TCM), per one-hour billing increment. For California Community Transition (CCT) Demonstration Project providers only. Coordinated care fee, risk adjusted maintenance, other specified care management: Services provided to transition an eligible individual from a health facility to a home and community-based setting. This includes the assessment of the individual's medical and non-medical needs, supports in the home and funding. TCM services may be provided up to 180 days before discharge from an institution. Providers may be reimbursed for a maximum of 24 hours per day (24 units).	Personal Care Agency (66)	U6	45.43

Code and Rate Correlation Table (continued)

Procedure Code/Description HCBS Usage	Provider Type	Additional Required Codes	Rates ($)
G9012 Other specified case management service not elsewhere classified. Transitional Case Management (TCM), per one-hour billing increment. For California Community Transition (CCT) Demonstration Project providers only. Coordinated care fee, risk adjusted maintenance, other specified care management: Services provided to transition an eligible individual from a health facility to a home and community-based setting. This includes the assessment of the individual's medical and non-medical needs, supports in the home and funding. TCM services may be provided up to 180 days before discharge from an institution. Providers may be reimbursed for a maximum of 24 hours per day (24 units).	Professional Corp. (69)	U6	45.43

Code and Rate Correlation Table (continued)

Procedure Code/Description HCBS Usage	Provider Type	Additional Required Codes	Rates ($)
G9012 Other specified case management service not elsewhere classified. Transitional Case Management (TCM), per one-hour billing increment. For California Community Transition (CCT) Demonstration Project providers only. Coordinated care fee, risk adjusted maintenance, other specified care management: Services provided to transition an eligible individual from a health facility to a home and community-based setting. This includes the assessment of the individual's medical and non-medical needs, supports in the home and funding. TCM services may be provided up to 180 days before discharge from an institution. Providers may be reimbursed for a maximum of 24 hours per day (24 units).	Non-Profit Agency (95)	U6	45.43

Code and Rate Correlation Table (continued)

Procedure Code/Description HCBS Usage	Provider Type	Additional Required Codes	Rates ($)
S5111 Home care training, family; per 15-minute session. For California Community Transition (CCT) Demonstration Project providers only. Family training services provided for the families of individuals served under CCT. Training includes instruction about treatment regimens and use of equipment specified in the plan of care and shall include updates as necessary to maintain the individual's safety at home.	HHA (14)	U6	11.36
T2017 Habilitation, residential, waiver; 15 minutes. For California Community Transition (CCT) Demonstration Project providers only. Services to assist in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in a participant's natural environment. Providers may bill a maximum of 24 hours per day (96 units).	HHA RN (14)	U6	11.36

Code and Rate Correlation Table (continued)

Procedure Code/Description HCBS Usage	Provider Type	Additional Required Codes	Rates ($)
T2017 Habilitation, residential, waiver; 15 minutes. For California Community Transition (CCT) Demonstration Project providers only. Services to assist in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in a participant's natural environment. Providers may bill a maximum of 24 hours per day (96 units).	Personal Care Agency (66)	U6	11.36
T2017 Habilitation, residential, waiver; 15 minutes. For California Community Transition (CCT) Demonstration Project providers only. Services to assist in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in a participant's natural environment. Providers may bill a maximum of 24 hours per day (96 units).	Professional Corp. (69)	U6	11.36

Code and Rate Correlation Table (continued)

Procedure Code/Description HCBS Usage	Provider Type	Additional Required Codes	Rates ($)
T2017 Habilitation, residential, waiver; 15 minutes. For California Community Transition (CCT) Demonstration Project providers only. Services to assist in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in a participant's natural environment. Providers may bill a maximum of 24 hours per day (96 units).	Non-Profit Proprietary Agency (95)	U6	11.36

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
‹‹	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
››	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.