IDAHO DEPARTMENT OF HEALTH & WELFARE

Personal Assistance Agency (PAA) Services

** This Fee Schedule includes the rates for Personal Assistance Agencies (PAA) providing A&D waiver and State Plan Services. Refer to the separate Fee Schedules for rates specific to Certified Family Home (CFH), Private Duty Nursing (PDN), Residential Assisted Living Facilities (RALF), and other A&D Waiver service provider rates. **

Fee schedules are prepared as tools to assist Medicaid providers and are not intended to grant rights or impose obligations. Every effort is made to ensure the accuracy of the information within the fee schedules as of the date they are posted. Medicaid makes no guarantee that this compilation of fee schedule information is error-free and will bear no responsibility or liability for the results or consequences of the use of these schedules.

Providers must verify member coverage on the date of service by calling (866) 686-4272 or using their trading partner account at IDMedicaid.com. Coverage and criteria information is communicated in the Provider Handbook, MedicAide Newsletters and Information Releases posted on IDMedicaid.com. The Current Procedural Terminology (CPT) codes descriptors, and other data are registered trademarks of the American Medical Association with all rights reserved.

Procedure Code	Modifier	Description	1 unit Equiv.	Allowed Amount
G9002	CC	A&D Case Management	15 min	$13.56
H2020		Therapeutic Behavioral Services (Agency)	1 day	$45.94
S5115		Consultation	15 min	$9.89
S5120		Chore Services	15 min	$4.96
S5125		Attendant Care Services	15 min	$6.11
S5130		Homemaker Services	15 min	$5.26
S5135		Companion Services	15 min	$5.54
S5160		PERS Install/1st month rent	One-time	$64.44
S5161		PERS Rent	Per month	$38.32
T1001		Nursing Assessment/Evaluation (Agency)	1 visit	$97.82
T1002		Nursing Services RN (RN services up to 15 min)	15 min	$19.56
T1003		Nursing Services LPN (LPN/LVN services up to 15 min)	15 min	$14.04
T1005		Respite	15 min	$5.54
Associated State Plan Services				
G9001		Coordinated Care Fee – Initial (Agency)	1 visit	$118.74

Procedure Code	Modifier	Description	1 unit Equiv.	Allowed Amount
G9002		RN Care Plan Development and Placement (Initial–10 units, Redetermination–5 units)	15 min	$19.56
T1019		Personal Care Services	15 min	$6.11
T1019		PCS Family Alternate Care Home	15 min	$5.28

Coverage and criteria information is communicated in the Provider Handbook, MedicAide Newsletters and Information Releases at IDMedicaid.com.

For questions related to billing and claims, please contact the appropriate resource:

- **Fee-For-Service Medicaid Participants:**
  - Gainwell Technologies – (866) 686-4272

- **Dual Eligible Members: Idaho Medicaid Plus or Medicare Medicaid Coordinated Plan (MMCP):**
  - United Healthcare: (855) 857-9753
  - Molina Healthcare of Idaho: (844) 239-4914

Questions about rates should be directed to the Office of Reimbursement, Idaho Division of Medicaid, at (208) 287-1180 or email MedicaidReimTeam@dhw.idaho.gov

Requests for a reimbursement rate review should be directed to the Provider Rate Review team at MedicaidRateReview@dhw.idaho.gov

Thank you for your continued participation in the Idaho Medicaid Program.