

**WAIVER FOR INDIVIDUALS 65 AND OLDER
CODES AND RATES
EFFECTIVE JANUARY 1, 2026**

PROGRAM	HCPCS PROCEDURE CODE	SERVICE-PROCEDURE	UNIT OF SERVICE	PROGRAM IDENTIFIER	UTILIZATION MODIFIER #2	JAN 1, 2026 MAXIMUM ALLOWABLE RATE	TN RATE (175% OF BASE)
AG	S5135	Adult Companion Services	15 Minutes	U3 (Required)	TN (optional)	\$6.62	\$11.59
AG	S5102	Adult Day Health Services	Daily	U3 (Required)	None	\$45.40	-
AG	S5120	Chore Services	Each	U3 (Required)	TN (optional)	\$2,000.00	\$3,500.00
AG	T2038	Community Living Services	Per Service	U3 (Required)	None	\$2,000.00	-
AG	S5165	Environmental Accessibility Adaptations	Per Service	U3 (Required)	None	\$5,000.00	-
AG	T2040	Financial Management Services	Per Month	U3 (Required)	None	\$95.24	-
AG	S5170	Supplemental Meals - Liquid & Solid	Per Meal	U3 (Required)	TN (optional)	\$7.34	\$12.85
AG	S5130	Homemaker Services	15 Minutes	U3 (Required)	TN (optional)	\$8.42	\$14.74
AG	S5185	Medication Reminder System	Per Month	U3 (Required)	None	\$86.00	-
AG	T2003	Non-Medical Transportation - One Way Trip	Per Trip	U3 (Required)	TN (optional)	\$14.95	\$26.14
AG	T2004	Non-Medical Transportation - Public Transit Pass	Each	U3 (Required)	None	-	-
AG	T2005	Non-Medical Transportation - Stretcher Van One Way Trip	Per Trip	U3 (Required)	TN (optional)	\$14.95	\$26.14
AG	T1019	Personal Attendant Service – Agency Based	15 Minutes	U3 (Required)	TN (optional)	\$7.17	\$12.55
AG	S5125	Personal Attendant Service - Participant Employed	15 Minutes	U3 (Required)	None	\$5.92	-
AG	H0038	Personal Budget Assistance	15 Minutes	U3 (Required)	None	\$5.59	-
AG	S5160	Personal Emergency Response System – Installation, Testing & Removal	Each	U3 (Required)	None	\$51.50	-
AG	S5162	Personal Emergency Response System – Purchase, Rental & Repair	Each	U3 (Required)	TN (optional)	\$232.78	\$407.37
AG	S5161	Personal Emergency Response System – Response Center Services	Per Month	U3 (Required)	None	\$40.17	-
AG	H0045	Respite Care Services - LTC Facility	Daily	U3 (Required)	None	\$213.17	-
AG	T1005TE	Respite Care Services - Home Health Aide	Per Hour	U3 (Required)	TN (optional)	\$62.62	\$109.59
AG	S5150	Respite Care Services - Unskilled	15 Minutes	U3 (Required)	TN (optional)	\$6.01	\$10.52
AG	T2029	Specialized Medical Equipment - Supplies, Assistive Technology	Each	U3 (Required)	None	\$2,500.00	-
AG	T1021	Supportive Maintenance - Home Health Aide	Per Hour	U3 (Required)	TN (optional)	\$62.15	\$108.76
AG	T1016	Waiver Case Management	15 Minutes	U3 (Required)	TN (optional)	\$27.74	\$48.55