



State of New Mexico  
Medical Assistance Program Manual  
**Supplement**



**DATE: February 15, 2007**

**NUMBER: 07-02**

TO: HOME AND COMMUNITY BASED SERVICES WAIVER PROVIDERS

FROM: CAROLYN INGRAM, DIRECTOR, MEDICAL ASSISTANCE DIVISION

THROUGH: CONSUELO "SADI" TRUJILLO, BUREAU CHIEF  
PROGRAM OVERSIGHT AND SUPPORT BUREAU

BY: STEVEN COCA, PROGRAM COORDINATOR  
PROGRAM OVERSIGHT AND SUPPORT BUREAU

**SUBJECT: CORRECTIONS TO THE DEVELOPMENTAL DISABILITIES (DD)  
HOME AND COMMUNITY BASED SERVICES (HCBS) WAIVER  
RATE TABLE**

The Human Services Department, Medical Assistance Division, mailed Supplement Number 06-08, dated December 5, 2006, to HCBS Waiver providers. A new DD Waiver Rate Table is attached to this Supplement with corrected and previously omitted information. Implementation of the Rate Table will effect dates of service beginning January 1, 2007. The following changes have been made:

- Procedure code for T2025 U1 Goods and Services changed to T2028 Goods and Services.
- Procedure code for T2025 Personal Plan Facilitation changed to T1007 Personal Plan Facilitation.
- Procedure code 99506 Personal Support Companion changed to 99509 Personal Support Companion.
- Procedure code T1005 U1 Substitute Care rate changed to \$3.50 per 15 minutes.
- D1110 Supplemental Dental Care has been removed from the rate table.
- T2025 U2 Personal Plan Facilitation (pre-assessment) has been removed from the rate table.

Following is clarification on the use of place of service codes for T1005 U1 Substitute Care:

- Substitute Care T1005 U1 with a Place of Service Code of 12 is used when the service is provided in the home.
- Substitute Care T1005 U1 with a Place of Service Code of 99 is used when the service is provided anywhere in the community, but the home.

If T2025 U1, T2025, and 99506 were billed since January 1, 2007 and claims were denied, please re-bill using the appropriate and correct Procedure Code.

Questions regarding this supplement should be directed to Steven Coca, DD Waiver Coordinator, at (505) 827-3139.

Attachment

## DEVELOPMENTALLY DISABLED WAIVER

### Rate Table Effective January 1, 2007

Procedure Description	Code	Modifier(s)	Unit	Unit Price
Adult Habilitation 1, Outlier	T2021	U4	15 min	\$2.28
Adult Habilitation 2, Outlier	T2021	U5	15 min	\$3.30
Adult Habilitation 3, Outlier	T2021	U6	15 min	\$3.79
Adult Habilitation Level 1	T2021	U1	15 min	\$3.65
Adult Habilitation Level 2	T2021	U2	15 min	\$2.63
Adult Habilitation Level 3	T2021	U3	15 min	\$2.14
Assisted Living	T2030		Month	\$1675.95
Assisted Living Intensive	T2030	U1	Month	\$2433.24
Behavior Consultant, Client Location	H2019		15 min	\$20.05
Behavior Consultant, Center Based	H2019	TT	15 min	\$11.88
Behavior Consultant, Center Based, Exception	H2019	TT/U1	15 min	\$11.88
Behavior Consultant, Client Location, Exception	H2019	U1	15 min	\$20.05
Behavior Consultant, Group	H2019	HQ	15 min	\$8.41
Behavior Consultant, Group, Exception	H2019	HQ/U1	15 min	\$8.41
Case Management Assessment	T2024		Hour	\$53.46
Case Management On-Going	T2022		Month	\$255.40
Community Access	H2021	U1	15 min	\$6.00
Community Access, Family Counseling	H2021		15 min	\$15.48
Community Access, Family/Child/Info/Training	H2021		15 min	\$15.48
Community Access, Peer Mentorship	H2021		15 min	\$15.48
Community Access, Stipends	H2021	TC	Unit	\$0.99
Community Access, Support Coach	H2021		15 min	\$15.48
Community Membership	H2015		15 min	\$3.71
Environmental Modifications	S5165		Each	\$9.90
Family Living	T2033		Day	\$97.33
Goods and Services	T2028		Item	\$1.00
Habilitation Day Care, Adult	S5100		15 min	\$1.32
Habilitation Day Care, Child	T2027	HA	15 min	\$1.29
Home Based	T2032		Month	\$3,428.12
Independent Living	T2030		Month	\$1762.63

<b>Procedure Description</b>	<b>Code</b>	<b>Modifier(s)</b>	<b>Unit</b>	<b>Unit Price</b>
Intensive Independent Living	<b>T2030</b>	<b>U1</b>	Month	\$2,519.92
Non-Medical Transportation Per Mile	<b>A0160</b>		Mile	\$0.33
Non-Medical Transportation Pass/Ticket	<b>A0170</b>		Item	\$0.99
Nutritional Counseling	<b>S9470</b>		Visit	\$41.58
Occupational Group Integrated Therapy	<b>G0152</b>	<b>GO/U2</b>	15 min	\$8.00
Occupational Group Integrated Therapy Exception	<b>G0152</b>	<b>GO/U3</b>	15 min	\$8.00
Occupational Group Therapy, Clinic Based	<b>G0152</b>	<b>GO/U4</b>	15 min	\$5.50
Occupational Group Therapy, Clinic Based, Exception	<b>G0152</b>	<b>GO/U5</b>	15 min	\$5.50
Occupational Integrated Therapy	<b>G0152</b>	<b>GO</b>	15 min	\$23.02
Occupational Integrated Therapy Exception	<b>G0152</b>	<b>GO/U1</b>	15 min	\$23.02
Occupational Therapy Assistant (Certified)	<b>G0152</b>	<b>HM</b>	15 min	\$9.41
Occupational Therapy Assistant (Certified), Exception	<b>G0152</b>	<b>HM/U1</b>	15 min	\$9.41
Occupational Therapy, Clinic Based	<b>G0152</b>		15 min	\$12.37
Occupational Therapy, Clinic Based, Exception	<b>G0152</b>	<b>U1</b>	15 min	\$12.37
Personal Plan Facilitation	<b>T1007</b>		Each	\$1.00
Personal Support Companion	<b>99509</b>		Hour	\$14.17
Physical Group Integrated Therapy	<b>G0151</b>	<b>GP/U2</b>	15 min	\$8.00
Physical Group Therapy, Client Location, Exception	<b>G0151</b>	<b>GP/U3</b>	15 min	\$8.00
Physical Group Therapy, Clinic Based	<b>G0151</b>	<b>GP/U4</b>	15 min	\$5.50
Physical Group Therapy, Clinic Based, Exception	<b>G0151</b>	<b>GP/U5</b>	15 min	\$5.50
Physical Integrated Therapy	<b>G0151</b>	<b>GP</b>	15 min	\$23.51
Physical Integrated Therapy, Exception	<b>G0151</b>	<b>GP/U1</b>	15 min	\$23.51
Physical Therapy Assistant (PTA)	<b>G0151</b>	<b>HM</b>	15 min	\$9.90
Physical Therapy, Assistant (PTA), Exception	<b>G0151</b>	<b>HM/U1</b>	15 min	\$9.90
Physical Therapy, Clinic Based	<b>G0151</b>		15 min	\$13.12
Physical Therapy, Clinic Based, Exception	<b>G0151</b>	<b>U1</b>	15 min	\$13.12
Private Duty Nursing, LPN	<b>T1003</b>		15 min	\$6.79
Private Duty Nursing, RN	<b>T1002</b>		15 min	\$10.90

<b>Procedure Description</b>	<b>Code</b>	<b>Modifier(s)</b>	<b>Unit</b>	<b>Unit Price</b>
Respite	<b>T1005</b>		15 min	\$3.47
Speech Group Integrated Therapy	<b>GO153</b>	<b>GN/U2</b>	15 min	\$8.00
Speech Group Integrated Therapy, Exception	<b>GO153</b>	<b>GN/U3</b>	15 min	\$8.00
Speech Group Therapy Clinic Based	<b>GO153</b>	<b>GN/U4</b>	15 min	\$5.50
Speech Group Therapy Clinic Based, Exception	<b>GO153</b>	<b>GN/U5</b>	15 min	\$5.50
Speech Integrated Therapy	<b>G0153</b>	<b>GN</b>	15 min	\$23.51
Speech Integrated Therapy, Exception	<b>G0153</b>	<b>GN/U1</b>	15 min	\$23.51
Speech Therapy Clinic Based	<b>G0153</b>		15 min	\$15.59
Speech Therapy Clinic Based, Exception	<b>G0153</b>	<b>U1</b>	15 min	\$15.59
Substitute Care	<b>T1005</b>	<b>U1</b>	15 min	\$3.50
Supervised Living 1	<b>T2033</b>	<b>U1/HQ</b>	Day	\$80.19
Supervised Living 2	<b>T2033</b>	<b>U2/HQ</b>	Day	\$54.45
Supervised Living 3	<b>T2033</b>	<b>U3/HQ</b>	Day	\$42.57
Supported Employment, Individual	<b>T2018</b>		Day	\$24.38
Supported Employment, Individual Exception	<b>T2018</b>	<b>UA</b>	Day	\$24.38
Supported Employment Job Developer	<b>T2038</b>		Each	\$750.00
Supported Employment Level 1, Group	<b>T2019</b>	<b>U1</b>	15 min	\$3.55
Supported Employment Level 1, Group, Exception	<b>T2019</b>	<b>U1/UA</b>	15 min	\$3.55
Supported Employment Level 2, Group	<b>T2019</b>	<b>U2</b>	15 min	\$2.52
Supported Employment Level 2, Group, Exception	<b>T2019</b>	<b>U2/UA</b>	15 min	\$2.52
Supported Employment Level 3, Group	<b>T2019</b>	<b>U3</b>	15 min	\$2.03
Supported Employment Level 3, Group, Exception	<b>T2019</b>	<b>U3/UA</b>	15 min	\$2.03
Supported Employment, Individual	<b>T2013</b>		Hour	\$200.00
Supported Employment, Individual, Exception	<b>T2013</b>	<b>U1</b>	Hour	\$200.00
Supported Employment, Intensive	<b>T2013</b>	<b>U2</b>	Hour	\$37.00
Supported Employment, Intensive, Exception	<b>T2013</b>	<b>U3</b>	Hour	\$37.00
Supported Employment, Intensive	<b>T2019</b>		15 min	\$6.93
Supported Employment, Intensive, Exception	<b>T2019</b>	<b>UA</b>	15 min	\$6.93

Supported Employment/Self-Employment	<b>T2019</b>	<b>U4</b>	15 min	\$7.00
Supported Living Level 3 Awake, Outlier	<b>T2033</b>	<b>U6/UJ</b>	Day	\$241.54
Supported Living Level 1 Asleep	<b>T2033</b>	<b>U1</b>	Day	\$218.86
Supported Living Level 1 Asleep, Outlier	<b>T2033</b>	<b>U4</b>	Day	\$166.31
Supported Living Level 1 Awake	<b>T2033</b>	<b>U1/UJ</b>	Day	\$299.05
Supported Living Level 1 Awake, Outlier	<b>T2033</b>	<b>U4/UJ</b>	Day	\$88.11
Supported Living Level 2 Asleep	<b>T2033</b>	<b>U2</b>	Day	\$143.63
Supported Living Level 2 Asleep, Outlier	<b>T2033</b>	<b>U5</b>	Day	\$239.56
Supported Living Level 2 Awake	<b>T2033</b>	<b>U2/UJ</b>	Day	\$190.16
Supported Living Level 2 Awake, Outlier	<b>T2033</b>	<b>U5/UJ</b>	Day	\$196.01
Supported Living Level 3 Asleep	<b>T2033</b>	<b>U3</b>	Day	\$111.95
Supported Living Level 3 Asleep, Outlier	<b>T2033</b>	<b>U6</b>	Day	\$272.23
Supported Living Level 3 Awake	<b>T2033</b>	<b>U3/UJ</b>	Day	\$142.64
Tier III Crisis (Support in Alternative Residential Setting)	<b>T2016</b>		Day	\$432.00
Tier III Crisis (Support in Individual's Residence)	<b>T2017</b>		15 min	\$6.00