



State of New Mexico
Medical Assistance Program Manual
Supplement



DATE: July 7, 2004

NUMBER: 04-12

TO: HOME AND COMMUNITY BASED SERVICES WAIVER PROVIDERS

FROM: CAROLYN INGRAM, DIRECTOR, MEDICAL ASSISTANCE DIVISION

THROUGH: CONSUELO "SADI" TRUJILLO, BUREAU CHIEF
PLANNING AND PROGRAM OPERATIONS BUREAU

BY: JUDY PARKS, PROGRAM MANAGER, PLANNING AND PROGRAM
OPERATIONS BUREAU

**SUBJECT: HOME AND COMMUNITY BASED SERVICES (HCBS) WAIVERS RATE
TABLES**

The Human Services Department, Medical Assistance Division, mailed Supplement Number 04-09, dated June 14, 2004, to HCBS Waiver providers. The Supplement indicated that there would be a 1.5% rate reduction in Medicaid payments effective July 1, 2004. The HCBS Waiver Services section of the Supplement stated that the reduced rates would be mailed to providers.

Please note that rates for services have been removed from the HCBS Waiver billing instructions. New Rate Tables that list the reduced rates for each HCBS Waiver service are attached to this Supplement. For dates of service beginning July 1, 2004, all waiver services must be billed at the reduced rate.

For additional information, please call Judy Parks, HCBS Program Manager, at 505-827-3150.

**HUMAN SERVICES DEPARTMENT
MEDICAL ASSISTANCE DIVISION
Home and Community Based Services**

DISABLED AND ELDERLY WAIVER

**Rate Table
Effective July 1, 2004**

Waiver Service	Procedure Codes	Modifier	Unit	Unit Price
Adult Day Health	S5100		15 min	\$1.97
Assisted Living	T2031		Day	\$49.74
Bowel and Bladder Service	99509	U2	Hour	\$15.27
Case Management Assessment	T2024		Hour	\$49.74
Case Management Ongoing	G9002		Hour	\$49.74
Emergency Response	S5161		Month	\$35.46
Emergency Response High Need	S5161	U1	Month	\$39.40
Emergency Response Installation / Disconnect	S5160		(Unit)	\$1.00*
Environmental Modifications	S5165		(Unit)	\$9.85
Homemaker	99509		Hour	\$13.79
Homemaker - Supplemental	99509	UA	Hour	\$13.79
Homemaker Respite, In Home	99509	U1	Hour	\$13.05
Occupational Therapy	G0152		15 min	\$12.07
Physical Therapy	G0151		15 min	\$12.80
Pre-Allocation Emergency Assessment	T1023		(Unit)	\$96.92
Private Duty Nursing, LPN	T1003		15 min	\$5.91
Private Duty Nursing, RN	T1002		15 min	\$10.59
Respite, LPN	T1003	U1	15 min	\$5.91
Respite, RN	T1002	U1	15 min	\$10.59
Speech Therapy	G0153		15 min	\$15.27

* Maximum reimbursement for this service is \$133.96.

**HUMAN SERVICES DEPARTMENT
MEDICAL ASSISTANCE DIVISION
Home and Community Based Services**

MEDICALLY FRAGILE WAIVER

**Rate Table
Effective July 1, 2004**

Code Description	Code	Modifier(s)	Unit	Unit Price
Case Management Assessment	T2024		Hour	\$53.19
Case Management Pre-Allocation Assessment	T2024	U1	Hour	\$131.99
Ongoing Case Management	T2022		Month	\$394.00
Home Health Aide	S9122		Hour	\$15.76
Institutional Respite	H0045		Day	\$304.36
Respite, RN	T1002	U1	15 min	\$10.24
Respite, LPN	T1003	U1	15 min	\$6.75
Respite, HHA	S9122	U1	Hour	\$15.76
Occupational Therapy	G0152		15 min	\$12.07
Physical Therapy	G0151		15 min	\$12.80
Psychosocial Therapy	H2019		15 min	\$10.10
Speech Therapy	G0153		15 min	\$15.27
Nutritional Counseling	S9470		Visit	\$40.38
Private Duty Nursing, RN	T1002		15 min	\$10.24
Private Duty Nursing, LPN	T1003		15 min	\$6.75

**HUMAN SERVICES DEPARTMENT
MEDICAL ASSISTANCE DIVISION
Home and Community Based Services**

HIV/AIDS WAIVER

**Rate Table
Effective July 1, 2004**

Waiver Service	Procedure Code	Unit	Unit Price
Case Management Assessment	T2024	Hour	\$48.26
Case Management Ongoing	G9002	Hour	\$48.26
Homemaker/Personal Care	99509	Hour	\$13.00
Private Duty Nursing RN	T1002	15 min	\$10.24
Private Duty Nursing LPN	T1003	15 min	\$5.69

**HUMAN SERVICES DEPARTMENT
MEDICAL ASSISTANCE DIVISION
Home and Community Based Services**

DEVELOPMENTALLY DISABLED WAIVER

**Rate Table
Effective July 1, 2004**

Procedure Description	Code	Modifier(s)	Unit	Unit Price
Adult Habilitation 1, Outlier	T2021	U4	15 min	\$2.27
Adult Habilitation 2, Outlier	T2021	U5	15 min	\$3.28
Adult Habilitation 3, Outlier	T2021	U6	15 min	\$3.77
Adult Habilitation Level 1	T2021	U1	15 min	\$3.53
Adult Habilitation Level 2	T2021	U2	15 min	\$2.51
Adult Habilitation Level 3	T2021	U3	15 min	\$2.02
Assisted Living	T2030		Month	\$1,667.60
Assisted Living Intensive	T2030	U1	Month	\$2,421.13
Behavior Therapy, Center Based	H2019	TT	15 min	\$11.82
Behavior Therapy, Center Based, Exception	H2019	TT/U1	15 min	\$11.82
Behavior Therapy, Client Location	H2019		15 min	\$19.95
Behavior Therapy, Client Location, Exception	H2019	U1	15 min	\$19.95
Behavior Therapy, Group	H2019	HQ	15 min	\$8.37
Behavior Therapy, Group, Exception	H2019	HQ/U1	15 min	\$8.37
Case Management Assessment	T2024		Hour	\$50.24
Case Management On-Going	T2022		Month	\$254.13
Community Access, Family Counseling	H2021		15 min	\$15.40
Community Access, Family/Child/Info/Training	H2021		15 min	\$15.40
Community Access, Peer Mentorship	H2021		15 min	\$15.40
Community Access, Stipends	H2021	TC	Unit	\$0.99
Community Access, Support Coach	H2021		15 min	\$15.40
Community Membership	H2015		15 min	\$3.69
Environmental Accessibility Adaptation	S5165		Unit	\$9.85
Environmental Adaptation Consultant	S5165		Unit	\$9.85
Habilitation Day Care, Adult	S5100		15 min	\$1.31
Habilitation Day Care, Child	T2027	HA	15 min	\$1.28
Home Based	T2032		Month	\$3,411.06
Non-Medical Transportation Pass/Ticket	A0170		Unit	\$0.99

**HUMAN SERVICES DEPARTMENT
MEDICAL ASSISTANCE DIVISION
Home and Community Based Services**

Procedure Description	Code	Modifier(s)	Unit	Unit Price
Non-Medical Transportation Per Mile	A0160		Mile	\$0.33
Nutritional Counseling	S9470		Visit	\$41.37
Occupational Therapy Assistant (Certified)	G0152	HM	15 min	\$9.36
Occupational Therapy Assistant (Certified), Exception	G0152	HM/U1	15 min	\$9.36
Occupational Therapy, Center Based	G0152		15 min	\$12.31
Occupational Therapy, Center Based, Exception	G0152	U1	15 min	\$12.31
Occupational Therapy, Client Location	G0152	GO	15 min	\$22.90
Occupational Therapy, Client Location, Exception	G0152	GO/U1	15 min	\$22.90
Personal Care	99509		Hour	\$14.09
Physical Therapy Assistant (PTA)	G0151	HM	15 min	\$9.85
Physical Therapy, Assistant (PTA), Exception	G0151	HM/U1	15 min	\$9.85
Physical Therapy, Center Based	G0151		15 min	\$13.05
Physical Therapy, Center Based, Exception	G0151	U1	15 min	\$13.05
Physical Therapy, Client Location	G0151	GP	15 min	\$23.39
Physical Therapy, Client Location, Exception	G0151	GP/U1	15 min	\$23.39
Private Duty Nursing, LPN	T1003		15 min	\$6.16
Private Duty Nursing, RN	T1002		15 min	\$10.84
Respite	T1005		15 min	\$3.45
Speech/Language Pathology, Center Based	G0153		15 min	\$15.51
Speech/Language Pathology, Center Based, Exception	G0153	U1	15 min	\$15.51
Speech/Language Pathology, Client Location	G0153	GN	15 min	\$23.39
Speech/Language Pathology, Client Location, Exception	G0153	GN/U1	15 min	\$23.39
Supervised Living 1	T2033	U1/HQ	Day	\$79.78
Supervised Living 2	T2033	U2/HQ	Day	\$54.18
Supervised Living 3	T2033	U3/HQ	Day	\$42.36
Supported Employment Level 1, Group	T2019	U1	15 min	\$3.53
Supported Employment Level 1, Group, Exception	T2019	U1/UA	15 min	\$3.53

**HUMAN SERVICES DEPARTMENT
MEDICAL ASSISTANCE DIVISION
Home and Community Based Services**

Procedure Description	Code	Modifier(s)	Unit	Unit Price
Supported Employment Level 2, Group	T2019	U2	15 min	\$2.51
Supported Employment Level 2, Group, Exception	T2019	U2/UA	15 min	\$2.51
Supported Employment Level 3, Group	T2019	U3	15 min	\$2.02
Supported Employment Level 3, Group, Exception	T2019	U3/UA	15 min	\$2.02
Supported Employment, Individual	T2018		Day	\$24.26
Supported Employment, Individual, Exception	T2018	UA	Day	\$24.26
Supported Employment, Intensive	T2019		15 min	\$6.90
Supported Employment, Intensive, Exception	T2019	UA	15 min	\$6.90
Supported Living Level 1 Asleep	T2033	U1	Day	\$214.73
Supported Living Level 1 Asleep, Outlier	T2033	U4	Day	\$165.48
Supported Living Level 1 Awake	T2033	U1/UJ	Day	\$294.52
Supported Living Level 1 Awake, Outlier	T2033	U4/UJ	Day	\$87.66
Supported Living Level 2 Asleep	T2033	U2	Day	\$139.87
Supported Living Level 2 Asleep, Outlier	T2033	U5	Day	\$238.37
Supported Living Level 2 Awake	T2033	U2/UJ	Day	\$186.16
Supported Living Level 2 Awake, Outlier	T2033	U5/UJ	Day	\$195.03
Supported Living Level 3 Asleep	T2033	U3	Day	\$108.35
Supported Living Level 3 Asleep, Outlier	T2033	U6	Day	\$270.88
Supported Living Level 3 Awake	T2033	U3/UJ	Day	\$138.88
Supported Living Level 3 Awake, Outlier	T2033	U6/UJ	Day	\$240.34