

# Office of Long Term Care – Fee Schedule

Updated 10/1/2018

## Traumatic Brain Injury/Spinal Cord Injury Waiver

Modifier	Procedure Code	Service Name	Rate	Maximum Allowable Units and Ages	Provider Type and Place of Service (POS)
(U5 Modifier)	T2022	Case Management	\$150.67 per month	No age limit Maximum: One Unit Paid monthly	Prov. Type: W08 POS: 12
(U5 Modifier)	S5125	Personal Care Attendant	\$3.32 per 15 minute unit	No age limit Maximum: Individualized	Prov. Type: W08 POS: 12
(U5 Modifier)	S5150	In Home Companion Respite	\$3.32 per 15 minute unit	No age limit Maximum: Up to 288 hours per fiscal year	Prov. Type: W08 POS: 12
(U5 Modifier)	T1005	In Home Nursing Respite	\$6.58 per 15 minute unit	No age limit Maximum: Up to 288 hours per fiscal year	Prov. Type: W08 POS: 12
(U5 Modifier)	S5151	Institutional Respite	\$239.04 per day	No age limit Maximum: Up to 720 hours = 30 days per fiscal year	Prov. Type: W08 POS: 21, 31, 32, 54
(U5 Modifier)	T2028	Specialized Medical Supplies	Manually Priced	No age limit Maximum: Individualized	Prov. Type: W08 POS: 12
(U5 Modifier)	T2029	Specialized Medical Equipment	Manually Priced	No age limit Maximum: Individualized	Prov. Type: W08 POS: 12
(U5 Modifier)	S5165	Environmental Accessibility Adaptations/ Home Modifications	Manually Priced	No age limit Maximum: Individualized	Prov. Type: W08 POS: 12
(U5 Modifier)	T2038	Transition Assistance	Rate up to \$800	No age limit Maximum: One time initial expense per lifetime	Prov. Type: W08 POS: 12