

ODJFS - Administered Waiver Rates

Service Description in accordance with rule 5101:3-12-07 of the Administrative Code	HCPCS Procedure Code	HCPCS Procedure Code Description	Billing Maximum	Billing Unit	Effective Date For Dates of Service on or After:
Supplemental Adaptive and Assistive Devices ¹	T2029	Specialized medical equipment, not otherwise specified, waiver	\$10,000	1 Item	January 1, 2004
Center Based Day Health Services	S5102	Day care services, adult; per diem	\$65.00	1 Day	April 1, 2004
Emergency Response Systems – Monthly	S5161	Emergency response system; service fee, per month (excludes installation and testing)	\$45.00	1 Month	April 1, 2004
Emergency Response Systems-Installation	S5160	Emergency response system; installation and testing	\$45.00	1 Time	April 1, 2004
Home Delivered Meals	S5170	Home delivered meals, including preparation; per meal	\$7.00	1 Meal	April 1, 2004
Home Modification ²	S5165	Home modifications; per service	\$10,000	1 Item	January 1, 2004
Out-of-Home Respite	H0045	Respite care services, not in the home, per diem	\$200	1 Day	April 1, 2004
Supplemental Transportation	S0215	Non-emergency transportation; mileage, per mile	\$0.38	1 Mile	April 1, 2004
Services are reimbursed at the usual and customary rates or the medicaid maximum rate whichever is lower.					

¹Either old code Z8501 or new code T2029 may be billed during the time period from January 1, 2004 through March 31, 2004.

²Either old code Z8506 or new code S5165 may be billed during the time period from January 1, 2004 through March 31, 2004.

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Effective for dates of service on or after July 1, 1998 through and including March 31, 2004

Service Description in accordance with rule 5101:3-12-07 of the Administrative Code	Code	Description	Billing Maximum	Billing Unit
Supplemental Adaptive and Assistive Devices ¹	Z8501	Adaptive/Assistive Devices	\$10,000	1 Item
Center Based Day Health Services	Z8502	Center Based Day Health-Adult	\$65.00	1 Day
Emergency Response Systems – Monthly	Z8503	Emergency Response System-Monthly	\$45.00	1 Month
Emergency Response Systems- Installation	Z8504	Emergency Response System - Installation	\$45.00	1 Time
Home Delivered Meals	Z8505	Home Delivered Meals	\$7.00	1 Meal
Home Modification ²	Z8506	Minor Home Modification	\$10,000	1 Item
Out-of-Home Respite	Z8507	Out-Of-Home Respite	\$200	1 Day
Supplemental Transportation	Z8508	Transportation	\$0.38	1 Mile
Services are reimbursed at the usual and customary rates or the medicaid maximum rate whichever is lower.				

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²Either old code Z8506 or new code S5165 may be billed during the time period from January 1, 2004 through March 31, 2004.