

HCBS-DD Service Rates Effective July 1, 2010

| Description | Procedure Code | Modifiers | Level (Individual, Group or Support Level) | Unit Designation | Unit Rate | DDRC Maximum Negotiated Unit Rate | Service Limitations* or Comments |
|---------------------------------|----------------|----------------|--------------------------------------------|------------------|-----------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Residential Services | | | | | | | |
| Group Home | T2016 | U3, HQ | Level 1 | Day | \$ 81.42 | \$ 80.20 | |
| Group Home | T2016 | U3, 22, HQ | Level 2 | Day | \$ 107.17 | \$ 105.56 | |
| Group Home | T2016 | U3, TF, HQ | Level 3 | Day | \$ 126.25 | \$ 124.36 | |
| Group Home | T2016 | U3, TF, 22, HQ | Level 4 | Day | \$ 149.15 | \$ 146.91 | |
| Group Home | T2016 | U3, TG, HQ | Level 5 | Day | \$ 164.76 | \$ 162.29 | |
| Group Home | T2016 | U3, TG, 22, HQ | Level 6 | Day | \$ 194.96 | \$ 192.04 | |
| Group Home | T2016 | U3, SC, HQ | Level 7 | Day | | | Individual State approved rate. |
| Personal Care Alternative | T2016 | U3 | Level 1 | Day | \$ 59.86 | \$ 58.96 | |
| Personal Care Alternative | T2016 | U3, 22 | Level 2 | Day | \$ 96.73 | \$ 95.28 | |
| Personal Care Alternative | T2016 | U3, TF | Level 3 | Day | \$ 118.18 | \$ 116.41 | |
| Personal Care Alternative | T2016 | U3, TF, 22 | Level 4 | Day | \$ 143.88 | \$ 141.72 | |
| Personal Care Alternative | T2016 | U3, TG | Level 5 | Day | \$ 165.34 | \$ 162.86 | |
| Personal Care Alternative | T2016 | U3, TG, 22 | Level 6 | Day | \$ 207.79 | \$ 204.67 | |
| Personal Care Alternative | T2016 | U3, SC | Level 7 | Day | | | Individual State approved rate. |
| Host Home | T2016 | U3, TT | Level 1 | Day | \$ 55.52 | \$ 54.69 | |
| Host Home | T2016 | U3, 22, TT | Level 2 | Day | \$ 89.70 | \$ 88.35 | |
| Host Home | T2016 | U3, TF, TT | Level 3 | Day | \$ 109.59 | \$ 107.95 | |
| Host Home | T2016 | U3, TF, 22, TT | Level 4 | Day | \$ 133.44 | \$ 131.44 | |
| Host Home | T2016 | U3, TG, TT | Level 5 | Day | \$ 153.33 | \$ 151.03 | |
| Host Home | T2016 | U3, TG, 22, TT | Level 6 | Day | \$ 192.72 | \$ 189.83 | |
| Host Home | T2016 | U3, SC, TT | Level 7 | Day | | | Individual State approved rate. |
| Day Habilitation | | | | | | | |
| Specialized Habilitation | T2021 | U3, HQ | Level 1 | 15 Minutes | \$ 2.18 | \$ 2.15 | Maximum combined units of Specialized Habilitation, Supported Community Connections and Supported Employment is 7,112 units per plan year. |
| Specialized Habilitation | T2021 | U3, 22, HQ | Level 2 | 15 Minutes | \$ 2.39 | \$ 2.35 | Maximum 7,112 units - See Above |
| Specialized Habilitation | T2021 | U3, TF, HQ | Level 3 | 15 Minutes | \$ 2.66 | \$ 2.62 | Maximum 7,112 units - See Above |
| Specialized Habilitation | T2021 | U3, TF, 22, HQ | Level 4 | 15 Minutes | \$ 3.13 | \$ 3.08 | Maximum 7,112 units - See Above |
| Specialized Habilitation | T2021 | U3, TG, HQ | Level 5 | 15 Minutes | \$ 3.88 | \$ 3.82 | Maximum 7,112 units - See Above |
| Specialized Habilitation | T2021 | U3, TG, 22, HQ | Level 6 | 15 Minutes | \$ 5.58 | \$ 5.50 | Maximum 7,112 units - See Above |
| Specialized Habilitation | T2021 | U3, SC, HQ | Level 7 | 15 Minutes | \$ 8.78 | \$ 8.65 | Maximum 7,112 units - See Above |
| | | | | | | \$ - | |
| Supported Community Connections | T2021 | U3 | Level 1 | 15 Minutes | \$ 2.65 | \$ 2.61 | Maximum 7,112 units - See Above |
| Supported Community Connections | T2021 | U3, 22 | Level 2 | 15 Minutes | \$ 2.90 | \$ 2.86 | Maximum 7,112 units - See Above |
| Supported Community Connections | T2021 | U3, TF | Level 3 | 15 Minutes | \$ 3.26 | \$ 3.21 | Maximum 7,112 units - See Above |
| Supported Community Connections | T2021 | U3, TF, 22 | Level 4 | 15 Minutes | \$ 3.75 | \$ 3.69 | Maximum 7,112 units - See Above |
| Supported Community Connections | T2021 | U3, TG | Level 5 | 15 Minutes | \$ 4.52 | \$ 4.45 | Maximum 7,112 units - See Above |
| Supported Community Connections | T2021 | U3, TG, 22 | Level 6 | 15 Minutes | \$ 5.94 | \$ 5.85 | Maximum 7,112 units - See Above |

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| Description | Procedure Code | Modifiers | Level (Individual, Group or Support Level) | Unit Designation | Unit Rate | DDRC Maximum Negotiated Unit Rate | Service Limitations* or Comments |
|---------------------------------------------------|----------------|------------|--------------------------------------------|------------------|-----------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Non-Medical Transportation | | | | | | | |
| To/From Day Program | | | | | | | Maximum of 508 trips (all mileage ranges) per Service Plan year. |
| To/From Day Program | T2003 | U3 | Mileage Range 1 | TRIP | \$5.34 | \$ 5.26 | 0 to 10 Miles, 2 trips/day |
| To/From Day Program | T2003 | U3, 22 | Mileage Range 2 | TRIP | \$11.19 | \$ 11.02 | 11 to 20 Miles, 2 trips/day |
| To/From Day Program | T2003 | U3, TF | Mileage Range 3 | TRIP | \$17.04 | \$ 16.78 | 21 and Up Miles, 2 trips/day |
| Other (public conveyance) | T2025 | U3 | Individual | DOLLAR | \$ 1.00 | \$ 1.00 | A dollar per unit for the cost of a bus pass or other public conveyance may only be used when it is more cost effective than the applicable mileage range. |
| Behavioral Services | | | | | | | |
| Line Staff | H2019 | U3 | Individual | 15 Minutes | \$ 6.12 | \$ 6.03 | |
| Plan Specialist | H2019 | U3, 22 | Individual | 15 Minutes | \$ 11.60 | \$ 11.43 | |
| Senior | H2019 | U3, TF | Individual | 15 Minutes | \$ 23.16 | \$ 22.81 | |
| Lead | H2019 | U3, TF, 22 | Individual | 15 Minutes | \$ 29.34 | \$ 28.90 | |
| Behavioral Plan Assessment | T2024 | U3 | Individual | DOLLAR | \$ 1.00 | \$ 1.00 | Services may be authorized up to the pre-established CCB thresholds, beyond which DDD prior authorization is required. |
| Specialized Medical Equipment and Supplies | | | | | | | |
| Disposable | T2028 | U3 | Individual | DOLLAR | \$ 1.00 | \$ 1.00 | Services may be authorized up to the pre-established CCB thresholds, beyond which DDD prior authorization is required. |
| Equipment | T2029 | U3 | Individual | DOLLAR | \$ 1.00 | \$ 1.00 | Services may be authorized up to the pre-established CCB thresholds, beyond which DDD prior authorization is required. |
| Dental Services | D2999 | U3 | Individual | DOLLAR | \$ 1.00 | \$ 1.00 | \$1,000 limitation without prior authorization from DDD. Diagnostic & Treatment are combined into a single billing service code. |
| Vision Services | V2799 | U3 | Individual | DOLLAR | \$ 1.00 | \$ 1.00 | Services may be authorized up to the pre-established CCB thresholds, beyond which DDD prior authorization is required. |

* Some service limitations can be exceeded with prior State approval.

These rates include the General Assembly approved 2% reduction to the appropriation for FY 2010-11.

HCBS-SLS Service Rates Effective July 1, 2010

| Description | Procedure Code | Modifiers | Level (Individual, Group or Support Level) | Unit Designation | Unit Rate | DDRC Maximum Negotiated Unit Rate | Service Limitations* or Comments |
|---------------------------------|----------------|----------------|--------------------------------------------|------------------|-----------|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Personal Care | T1019 | U8 | Individual | 15 Minutes | \$ 4.57 | \$ 4.50 | |
| Respite | | | | | | | |
| Respite | S5150 | U8 | Individual | 15 Minutes | \$ 4.57 | \$ 4.50 | Maximum of 10 hours per day. |
| Respite | S5151 | U8 | Individual | DAY | \$ 182.55 | \$ 179.81 | A Day is > 10 hours (including individual and/or group settings). |
| Respite | S5151 | U8, HQ | Group | DOLLAR | \$ 1.00 | \$ 1.00 | Not to exceed the respite individual rates (i.e., 15 minute rate if 10 hours or less in a day or daily rate if more than 10 hours in a day). |
| Respite - Camp | T2036 | U8 | Group | DOLLAR | \$ 1.00 | \$ 1.00 | Not to exceed the respite individual rates (i.e., 15 minute rate if 10 hours or less in a day or daily rate if more than 10 hours in a day). |
| Homemaker | | | | | | | |
| Basic Homemaker | S5130 | U8 | Individual | 15 Minutes | \$ 3.50 | \$ 3.45 | |
| Enhanced Homemaker | S5130 | U8, 22 | Individual | 15 Minutes | \$ 5.65 | \$ 5.57 | Requires a habilitative plan as described in the waiver or extraordinary cleaning due to the individual's behavioral or medical needs. |
| Mentorship | H2021 | U8 | Individual | 15 Minutes | \$ 9.22 | \$ 9.08 | Maximum of 192 units/year, except as prior authorized for training regarding child care. |
| Day Habilitation | | | | | | | |
| Specialized Habilitation | T2021 | U8, HQ | Level 1 | 15 Minutes | \$ 2.18 | \$ 2.15 | Maximum combined units of Specialized Habilitation, Supported Community Connections and Supported Employment is 7,112 units per plan year. |
| Specialized Habilitation | T2021 | U8, 22, HQ | Level 2 | 15 Minutes | \$ 2.39 | \$ 2.35 | Maximum 7,112 units - See Above |
| Specialized Habilitation | T2021 | U8, TF, HQ | Level 3 | 15 Minutes | \$ 2.66 | \$ 2.62 | Maximum 7,112 units - See Above |
| Specialized Habilitation | T2021 | U8, TF, 22, HQ | Level 4 | 15 Minutes | \$ 3.13 | \$ 3.08 | Maximum 7,112 units - See Above |
| Specialized Habilitation | T2021 | U8, TG, HQ | Level 5 | 15 Minutes | \$ 3.88 | \$ 3.82 | Maximum 7,112 units - See Above |
| Specialized Habilitation | T2021 | U8, TG, 22, HQ | Level 6 | 15 Minutes | \$ 5.58 | \$ 5.50 | Maximum 7,112 units - See Above |
| Supported Community Connections | T2021 | U8 | Level 1 | 15 Minutes | \$ 2.65 | \$ 2.61 | Maximum 7,112 units - See Above |
| Supported Community Connections | T2021 | U8, 22 | Level 2 | 15 Minutes | \$ 2.90 | \$ 2.86 | Maximum 7,112 units - See Above |
| Supported Community Connections | T2021 | U8, TF | Level 3 | 15 Minutes | \$ 3.26 | \$ 3.21 | Maximum 7,112 units - See Above |
| Supported Community Connections | T2021 | U8, TF, 22 | Level 4 | 15 Minutes | \$ 3.75 | \$ 3.69 | Maximum 7,112 units - See Above |
| Supported Community Connections | T2021 | U8, TG | Level 5 | 15 Minutes | \$ 4.52 | \$ 4.45 | Maximum 7,112 units - See Above |
| Supported Community Connections | T2021 | U8, TG, 22 | Level 6 | 15 Minutes | \$ 5.94 | \$ 5.85 | Maximum 7,112 units - See Above |

HCBS-SLS Service Rates Effective July 1, 2010

| Description | Procedure Code | Modifiers | Level (Individual, Group or Support Level) | Unit Designation | Unit Rate | DDRC Maximum Negotiated Unit Rate | Service Limitations* or Comments |
|---------------------------------------------------|----------------|----------------|-----------------------------------------------|------------------|-----------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Supported Employment | | | | | | | |
| Supported Employment | T2019 | U8, SC | Individual - All Levels | 15 Minutes | \$ 12.01 | \$ 11.83 | Maximum 7,112 units - See Above |
| Supported Employment | T2019 | U8, HQ | Group - Level 1 | 15 Minutes | \$ 2.92 | \$ 2.88 | Maximum 7,112 units - See Above |
| Supported Employment | T2019 | U8, 22, HQ | Group - Level 2 | 15 Minutes | \$ 3.19 | \$ 3.14 | Maximum 7,112 units - See Above |
| Supported Employment | T2019 | U8, TF, HQ | Group - Level 3 | 15 Minutes | \$ 3.56 | \$ 3.51 | Maximum 7,112 units - See Above |
| Supported Employment | T2019 | U8, TF, 22, HQ | Group - Level 4 | 15 Minutes | \$ 4.11 | \$ 4.05 | Maximum 7,112 units - See Above |
| Supported Employment | T2019 | U8, TG, HQ | Group - Level 5 | 15 Minutes | \$ 4.91 | \$ 4.84 | Maximum 7,112 units - See Above |
| Supported Employment | T2019 | U8, TG, 22, HQ | Group - Level 6 | 15 Minutes | \$ 6.40 | \$ 6.30 | Maximum 7,112 units - See Above |
| Job Development | H2023 | U8 | Individual, Levels 1-2 | 15 Minutes | \$ 12.01 | \$ 11.83 | Maximum 80 units, must not be otherwise available through the Division of Vocational Rehabilitation (DVR). |
| Job Development | H2023 | U8, 22 | Individual, Levels 3-4 | 15 Minutes | \$ 12.01 | \$ 11.83 | Maximum 100 units, must not be otherwise available through DVR. |
| Job Development | H2023 | U8, TF | Individual, Levels 5-6 | 15 Minutes | \$ 12.01 | \$ 11.83 | Maximum 120 units, must not be otherwise available through DVR. |
| Job Development | H2023 | U8, HQ | Group - All Levels 1-6 | 15 Minutes | \$ 3.83 | \$ 3.77 | Maximum 100 units, must not be otherwise available through DVR. |
| Job Placement | T2038 | U8 | Individual - All Levels 1-6 | DOLLAR | \$ 1.00 | \$ 1.00 | Maximum 1,000 units (i.e., \$1,000), must not be otherwise available through DVR. |
| Job Placement | T2038 | U8, HQ | Group - All Levels 1-6 | DOLLAR | \$ 1.00 | \$ 1.00 | Maximum 400 units (i.e., \$400), must not be otherwise available through DVR. |
| Non-Medical Transportation | | | | | | | |
| To/From Day Program | | | | | | | Maximum of 508 trips (all mileage ranges) per Service Plan year. |
| To/From Day Program | T2003 | U8 | Mileage Range 1 | TRIP | \$ 5.34 | \$ 5.26 | 0 to 10 Miles, 2 trips/day |
| To/From Day Program | T2003 | U8, 22 | Mileage Range 2 | TRIP | \$ 11.19 | \$ 11.02 | 11 to 20 Miles, 2 trips/day |
| To/From Day Program | T2003 | U8, TF | Mileage Range 3 | TRIP | \$ 17.04 | \$ 16.78 | 21 and Up Miles, 2 trips/day |
| Other (public conveyance) | T2025 | U8 | Individual | DOLLAR | \$ 1.00 | \$ 1.00 | A dollar per unit for the cost of a bus pass or other public conveyance may only be used when it is more cost effective than the applicable mileage range. |
| Not Day Program | T2003 | U8, SC | Individual | TRIP | \$ 5.34 | \$ 5.26 | 4 trips/week (mileage range 1) |
| Behavioral Services | | | | | | | |
| Line Staff | H2019 | U8 | Individual | 15 Minutes | \$ 6.12 | \$ 6.03 | |
| Plan Specialist | H2019 | U8, 22 | Individual | 15 Minutes | \$ 11.60 | \$ 11.43 | |
| Senior | H2019 | U8, TF | Individual | 15 Minutes | \$ 23.16 | \$ 22.81 | |
| Lead | H2019 | U8, TF, 22 | Individual | 15 Minutes | \$ 29.34 | \$ 28.90 | |
| Behavioral Plan Assessment | T2024 | U8 | Individual | DOLLAR | \$ 1.00 | \$ 1.00 | Services may be authorized up to the pre-established CCB thresholds, beyond which DDD prior authorization is required. |
| Specialized Medical Equipment and Supplies | | | | | | | |

HCBS-SLS Service Rates Effective July 1, 2010

| Description | Procedure Code | Modifiers | Level (Individual, Group or Support Level) | Unit Designation | Unit Rate | DDRC Maximum Negotiated Unit Rate | Service Limitations* or Comments |
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| Specialized Medical Supplies - Disposable | T2028 | U8 | Individual | DOLLAR | \$ 1.00 | \$ 1.00 | Services may be authorized up to the pre-established CCB thresholds, beyond which DDD prior authorization is required. |
| Specialized Medical Equipment | T2029 | U8 | Individual | DOLLAR | \$ 1.00 | \$ 1.00 | Services may be authorized up to the pre-established CCB thresholds, beyond which DDD prior authorization is required. |
| Professional Services | | | | | | | |
| Massage Therapy | 97124 | U8 | Individual | 15 Minutes | \$ 17.20 | \$ 16.94 | |
| Movement Therapy - Bachelors Degree | G0176 | U8 | Individual | 15 Minutes | \$ 14.34 | \$ 14.12 | |
| Movement Therapy - Masters Degree | G0176 | U8, 22 | Individual | 15 Minutes | \$ 21.02 | \$ 20.70 | |
| Hippo Therapy | S8940 | U8 | Individual | 15 Minutes | \$ 19.11 | \$ 18.82 | |
| Hippo Therapy | S8940 | U8, HQ | Group | 15 Minutes | \$ 8.12 | \$ 8.00 | |
| Fee (Rec Pass) | S5199 | U8 | Individual | DOLLAR | \$ 1.00 | \$ 1.00 | Services may be authorized up to the pre-established CCB thresholds, beyond which DDD prior authorization is required. |
| Personal Emergency Response System (PERS) | S5161 | U8 | Individual | DOLLAR | \$ 1.00 | \$ 1.00 | Services may be authorized up to the pre-established CCB thresholds, beyond which DDD prior authorization is required. |
| Home Accessibility Adaptations | S5165 | U8 | Individual | DOLLAR | \$ 1.00 | \$ 1.00 | Maximum \$10,000 over life of waiver for combination of Assistive Technology, Vehicle Modifications and Home Accessibility Adaptations. |
| Assistive Technology | | | Individual | DOLLAR | \$ 1.00 | \$ 1.00 | Maximum \$10,000, same as above |
| Vehicle Modifications | T2039 | U8 | Individual | DOLLAR | \$ 1.00 | \$ 1.00 | Maximum \$10,000, same as above |
| Dental Services | D2999 | U8 | Individual | DOLLAR | \$ 1.00 | \$ 1.00 | \$1,000 limitation without prior a uthorization from DDD. Diagnostic & Treatment are combined into a single billing service code. |
| Vision Services | V2799 | U8 | Individual | DOLLAR | \$ 1.00 | \$ 1.00 | Services may be authorized up to the pre-established CCB thresholds, beyond which DDD prior authorization is required. |

* Some service limitations can be exceeded with prior State approval.

These rates include the General Assembly approved 2% reduction to the appropriation for FY 2010-11.

HCBS-CES Service Rates Effective July 1, 2010

| Description | Procedure Code | Modifiers | Level (Individual, Group or Support Level) | Unit Designation | Unit Rate | DDRC Maximum Negotiated Unit Rate | Service Limitations* or Comments |
|----------------------------|----------------|------------|--------------------------------------------------|---------------------|--------------|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Personal Care | T1019 | U7 | Individual | 15 Minutes | \$ 4.57 | \$ 4.50 | |
| Respite | | | | | | | |
| Respite | S5150 | U7 | Individual | 15 Minutes | \$ 4.57 | \$ 4.50 | Maximum of 1,880 units/year (including individual and/or group settings). Maximum of 10 hours per day. |
| Respite | S5151 | U7 | Individual | DAY | \$ 182.55 | \$ 179.81 | Maximum 30 days/year where a Day is > 10 hours (including individual and/or group settings). |
| Respite | S5151 | U7, HQ | Group | DOLLAR | \$ 1.00 | \$ 1.00 | Not to exceed the respite individual rates (i.e., 15 minute rate if 10 hours or less in a day or daily rate if more than 10 hours in a day). Time must be counted toward the appropriate annual maximum. |
| Respite - Camp | T2036 | U7 | Group | DOLLAR | \$ 1.00 | \$ 1.00 | Not to exceed the respite individual rates (i.e., 15 minute rate if 10 hours or less in a day or daily rate if more than 10 hours in a day). Time must be counted toward the appropriate annual maximum. |
| Homemaker | | | | | | | |
| Basic Homemaker | S5130 | U7 | Individual | 15 Minutes | \$ 3.50 | \$ 3.45 | |
| Enhanced Homemaker | S5130 | U7 22 | Individual | 15 Minutes | \$ 5.65 | \$ 5.57 | Requires a habilitative plan as described in the waiver or extraordinary cleaning due to the individual's behavioral or medical needs. |
| Community Connector | H2021 | U7 | Individual | 15 Minutes | \$ 7.68 | \$ 7.56 | |
| Behavioral Services | | | | | | | |
| Line Staff | H2019 | U7 | Individual | 15 Minutes | \$ 6.12 | \$ 6.03 | |
| Behavioral Plan Specialist | H2019 | U7, 22 | Individual | 15 Minutes | \$ 11.60 | \$ 11.43 | |
| Senior Therapist | H2019 | U7, TF | Individual | 15 Minutes | \$ 23.16 | \$ 22.81 | |
| Lead Therapist | H2019 | U7, TF, 22 | Individual | 15 Minutes | \$ 29.34 | \$ 28.90 | |
| Behavioral Plan Assessment | T2024 | U7 | Individual | DOLLAR | \$ 1.00 | \$ 1.00 | Services may be authorized up to the pre-established CCB thresholds, beyond which DDD prior authorization is required. |

HCBS-CES Service Rates Effective July 1, 2010

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|------------------------------------------------------------|----------------|-----------|--------------------------------------------------|---------------------|--------------|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| Specialized Medical Equipment and Supplies | | | | | | | |
| Specialized Medical Supplies - Disposable | T2028 | U7 | Individual | DOLLAR | \$ 1.00 | \$ 1.00 | Services may be authorized up to the pre-established CCB thresholds, beyond which DDD prior authorization is required. |
| Specialized Medical Equipment | T2029 | U7 | Individual | DOLLAR | \$ 1.00 | \$ 1.00 | Services may be authorized up to the pre-established CCB thresholds, beyond which DDD prior authorization is required. |
| Adapted Therapeutic Recreational Equipment and Fees | | | | | | | Maximum 1,000 units per year (\$1,000/year combined limit) |
| Equipment | T1999 | U7 | Individual | DOLLAR | \$ 1.00 | \$ 1.00 | Maximum \$1,000 - See Above |
| Fees | S5199 | U7 | Individual | DOLLAR | \$ 1.00 | \$ 1.00 | Maximum \$1,000 - See Above |
| Professional Services | | | | | | | |
| Massage | 97124 | U7 | Individual | 15 Minutes | \$ 17.20 | \$ 16.94 | |
| Movement Therapy - Bachelors Degree | G0176 | U7 | Individual | 15 Minutes | \$ 14.34 | \$ 14.12 | |
| Movement Therapy - Masters Degree | G0176 | U7, 22 | Individual | 15 Minutes | \$ 21.02 | \$ 20.70 | |
| Hippo Therapy | S8940 | U7 | Individual | 15 Minutes | \$ 19.11 | \$ 18.82 | |
| Hippo Therapy | S8940 | U7, HQ | Group | 15 Minutes | \$ 8.12 | \$ 8.00 | |
| Home Accessibility Adaptations | S5165 | U7 | Individual | DOLLAR | \$ 1.00 | \$ 1.00 | Maximum \$10,000 over life of waiver for combination of Assistive Technology, Vehicle Modifications and Home Accessibility Adaptations. |
| Assistive Technology | T2035 | U7 | Individual | DOLLAR | \$ 1.00 | \$ 1.00 | Maximum \$10,000 over life of waiver for combination of Assistive Technology, Vehicle Modifications and Home Accessibility Adaptations. |
| Vehicle Modifications | T2039 | U7 | Individual | DOLLAR | \$ 1.00 | \$ 1.00 | Maximum \$10,000 over life of waiver for combination of Assistive Technology, Vehicle Modifications and Home Accessibility Adaptations. |
| Vision Services | V2799 | U7 | Individual | DOLLAR | \$ 1.00 | \$ 1.00 | Services may be authorized up to the pre-established CCB thresholds, beyond which DDD prior authorization is required. |
| Parent Education | H1010 | U7 | Individual | DOLLAR | \$ 1.00 | \$ 1.00 | Maximum \$1,000 per year |

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