

**Transition Services Coding Structure**  
FINAL for FY 2025 (Revised 12/5/2024)

<b>Transition Service</b>	<b>Transition Service Description</b>	<b>Code</b>	<b>Code Description</b>	<b>Reimbursement Limits</b>
<b>Home Modifications</b>	Use for home modifications such as ramp installation, door widening, etc.	S5165	Home Modifications, per service	All services require prior authorization (PA).
<b>State General Fund Services</b>	Use for rent, delinquent debt, groceries, appliances, application fees, court costs for guardian or conservator removal or adding.	S9986	Not medically necessary service (patient is aware that service not medically necessary)	Rent = \$1,000 1 <sup>st</sup> mo. Debt = \$600 Groceries = \$300 Appliance = \$100/ microwave, \$500/other Application Fees = PA Court Fees = PA <b>Expenses without set limits or above reimbursement limits require a quote/invoice to be attached to the PA.</b>
<b>Interpreter (admin)</b>	Use for interpreter services – Medicaid Administration	T1013	Sign language or oral interpretive services, per 15 min	Will reimburse actual costs for services.
<b>Transition Navigator</b>	Use for Transition Navigation, including housing support services.	T1016	Case management, each 15 minutes	\$25/unit.
<b>HCBS Personal Care</b>	Use for short-term temporary home and community-based services. Also used for individuals who require assistance with ADLs but are not otherwise eligible for personal care services.	T1019	Personal care services, per 15 minutes	Use Home Help schedule. All services require PA.  <b>Use modifier SE in Prior Authorization and Claim for personal care services that are delivered before transition during a trial period.</b>
<b>Community Transition Services</b>	Use for items not otherwise covered by other insurance such as adaptive devices, and purchased personal emergency response systems, lift chairs	T1999	Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in “remarks”	Up to \$200/item. <b>Expenses over \$200 require quote/invoice attached to PA.</b>  <b>Short-term supply of incontinence products must have doctor’s order/prescription attached to PA.</b>
<b>Community Transition Services</b>	Use for household supplies including furniture, smoke alarms, fire extinguisher, carbon monoxide detectors, linens, and clothing.	T2028	Specialized Supply, not otherwise specified, waiver	Up to \$500/transition total. (excludes clothing and furniture) <b>Expenses over \$500 require a quote/invoice to be attached to the PA.</b> Clothing up to \$150. <b>Expenses over \$150 require a quote/invoice to be attached to the PA</b> Furniture up to \$2,000 per transition. <b>Expenses over \$2,000 require a quote/invoice to be attached to the PA</b>

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<b>Community Transition Services</b>	Use for services provided for the transition, including moving expenses, utility deposits and installation fees, pest eradication, allergen control, cleaning, security deposit.	T2038	Community Transition, waiver, per service	Up to \$250/service. <b>Expenses over \$250 require a quote/invoice to be attached to the PA.</b> Security deposits up to \$1,000. <b>Security deposits over \$1,000 require a quote/invoice to be attached to the PA.</b>
<b>Community Transition Services</b>	Reusable underpad bed size Incontinence product, protective underpad, reusable, bed size, each	T4537	Other medical items or services	Up to \$50/transition total. <b>Expenses over \$50 require a quote/invoice to be attached to the PA.</b>
<b>Community Transition Services</b>	Reusable underpad chair size Incontinence product, protective underpad, reusable, chair size, each	T4540	Other medical items or services	Up to \$50/transition total. <b>Expenses over \$50 require a quote/invoice to be attached to the PA..</b>
<b>Non-Medical (Non-Emergency) Transportation</b>	Use for transportation of the participant after transition	Varies		Use NEMT schedule  <b>Use modifier SE in Prior Authorization and Claim for transportation prior to transition.</b>

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**NON-MEDICAL NON-EMERGENCY TRANSPORTATION CODES**

MILEAGE	HCPCS CODE	HCPCS CODE DESCRIPTION	MAXIMUM
Fixed route public transportation (one-way or round-trip)	A0110	Nonemergency transportation and bus, intra- or interstate carrier	Ticket charge
	A0120	Nonemergency transportation: mini-bus, mountain area transports, or other transportation systems	Ticket charge
	T2002	Nonemergency transportation, per diem	Ticket charge
	T2003	Nonemergency transportation; encounter/trip	Ticket charge
	T2004	Nonemergency transportation; commercial carrier, multi-pass	Ticket charge
Beneficiary providing their own transportation, or an individual with a vested interest (e.g., family or friend)	A0090	Nonemergency transportation, per mile – vehicle provided by individual (family member, self, neighbor) with vested interest	\$.67/mile
Volunteer driver or foster care parent	S0215	Nonemergency transportation; mileage, per mile	\$.67/mile
Commercial, nonprofit, medical facilities, demand response (Dial A Ride) public or paratransit transportation, or local health departments	A0100	Nonemergency transportation; taxi	\$.67/mile
	A0110	Nonemergency transportation and bus, intra-or interstate carrier	\$.67/mile (if not a ticket charge)
Wheelchair lift or Medi-Van vehicle owned by a commercial, public or paratransit, or nonprofit agency	A0130	Nonemergency transportation; wheelchair van	\$35/round-trip and \$.67/mile
	S0209	Wheelchair van, mileage, per mile	\$35/round-trip and \$.67/mile