

Transition Services Coding Structure
FINAL for FY 2024 (Revised 02/07/2024)

| Transition Service | Transition Service Description | Code | Code Description | Reimbursement Limits |
|--------------------------------------|---|-------------|---|---|
| Home Modifications | Use for home modifications such as ramp installation, door widening, roof repair, etc. | S5165 | Home Modifications, per service | All services require prior authorization (PA). |
| State General Fund Services | 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 = \$650 1 st mo. Debt = \$600 Groceries = \$200 Appliance = \$100/ microwave, \$500/other Application Fees = PA Court Fees = PA Expenses without set limits or above reimbursement limits require a quote/invoice to be attached to the PA. |
| Interpreter (admin) | Use for interpreter services – Medicaid Administration | T1013 | Sign language or oral interpretive services, per 15 min | Will reimburse actual costs for services. |
| Transition Navigator | Use for Transition Navigation, including housing support services. | T1016 | Case management, each 15 minutes | \$25/unit. |
| HCBS Personal Care | 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. Use modifier SE in Prior Authorization and Claim for personal care services that are delivered before transition during a trial period. |
| Community Transition Services | 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. Expenses over \$200 require quote/invoice attached to PA. |
| Community Transition Services | 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 furniture) Expenses over \$500 require a quote/invoice to be attached to the PA. Furniture up to \$1000 per transition. Expenses over \$1000 require a quote/invoice to be attached to the PA |

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| Community Transition Services | 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. Expenses over \$250 require a quote/invoice to be attached to the PA. Security deposits up to \$650. Security deposits over \$650 require a quote/invoice to be attached to the PA. |
| Community Transition Services | Reusable underpad bed size Incontinence product, protective underpad, reusable, bed size, each | T4537 | Other medical items or services | Up to \$50/transition total. Expenses over \$50 require a quote/invoice to be attached to the PA. |
| Community Transition Services | Reusable underpad chair size Incontinence product, protective underpad, reusable, chair size, each | T4540 | Other medical items or services | Up to \$50/transition total. Expenses over \$50 require a quote/invoice to be attached to the PA.. |
| Non-Medical (Non-Emergency) Transportation | Use for transportation of the participant after transition | Varies | | Use NEMT schedule Use modifier SE in Prior Authorization and Claim for transportation prior to transition. |

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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 |