Iowa Medicaid
Iowa HHS

HCBS Waiver and Habilitation Billing Code Chart

Effective Date: January 1, 2027

Service	AIDS/ HIV	BI	CMH	Elderly	HD	ID	PD	Habilitation	Modifier Required	Available for Self-Direction	Available for Telehealth
Adult day care; half day	S5101	S5101		S5101	S5101	S5101			NONE	Yes	No
Adult day care; full day	S5102	S5102		S5102	S5102	S5102			ID Waiver U1, U2, U3, U4, U5, U6	Yes, All Waivers S5102 No Modifier	No
Adult day care; extended day	S5105	S5105		S5105	S5105	S5105			NONE	Yes	No
Adult day care; 15-minute unit	S5100	S5100		S5100	S5100	S5100			NONE	Yes	No
Adult Day Care **in the Home** 15-minute unit	S5100	S5100		S5100	S5100	S5100			UA	Yes	No
Assisted living services (on call) daily unit				T2031					NONE	No	No
Assistive devices personal care item, adaptive device & therapeutic resources, per item				S5199					NONE	Yes	No
Attendant Care, Unskilled 15-minute unit	S5125	S5125		S5125	S5125	S5125	S5125		NONE	No	No
Attendant Care, Skilled 15-minute unit	S5125	S5125		S5125	S5125	S5125	S5125		U3	No	No
Case management (targeted T1017 or waiver T1016) 15-minute unit		T1016 CM	T1017 TCM	T1016 CM		T1017 TCM		T1017 TCM	NONE	No	Yes

Service	AIDS/ HIV	BI	CMH	Elderly	HD	ID	PD	Habilitation	Modifier Required	Available for Self-Direction	Available for Telehealth
Companion Care 15-minute unit				S5135					NONE	Yes	No
Community Transition Service Per Occurrence	T2038	T2038			T2038	T2038	T2038		UC	No	No
Counseling (individual) 15-minute unit	H0004				H0004				NONE	No	Yes
Counseling (group) (Health and Behavior intervention) first 30 minutes	96164				96164				NONE	No	Yes
Counseling (group) (Health and Behavior intervention) each additional 15 minutes	96165				96165				NONE	No	Yes
Day habilitation; per day						T2020		T2020	ID Waiver U1, U2, U3, U4, U5, U6	Yes, Only ID Waiver use T2020 no modifier	No
Day Habilitation; 15-minute unit						T2021		T2021	NONE	Yes, Only ID Waiver use T2020 no modifier	No

Service	AIDS/ HIV	BI	CMH	Elderly	HD	ID	PD	Habilitation	Modifier Required	Available for Self-Direction	Available for Telehealth
Enabling Technology for Remote Support Per Assessment		T2029				T2029		T2029	UA	No	No
Enabling Technology for Remote Support Equipment Per Job		T2029				T2029		T2029	UB	No	No
Environmental modifications and adaptive devices (home modification) Per item			S5165						NONE	Not Applicable	No
Environmental modifications and adaptive devices (personal care items) Per item			S5199						NONE	Not Applicable	No
Environmental modifications and adaptive devices, specialized supply Per item			T2028						NONE	Not Applicable	No
Family and community support 15-minute unit			H2021						NONE	Not Applicable	No
Family training 15-minute unit		H2021							UC	No	Yes
Home Based Habilitation; Per diem								H2016	UA, UB, UC, UD, U8, U9, U7	Not Applicable	Yes

Service	AIDS/ HIV	BI	CMH	Elderly	HD	ID	PD	Habilitation	Modifier Required	Available for Self-Direction	Available for Telehealth
Home Based Habilitation; Per diem; when HBH is delivered via **Remote Support** at any time during the month;								T2016	UG, UH, UI, UJ, UK, UL	Not Applicable	No
Home Based Habilitation; Per diem; when HBH services are delivered in a **Host Home**								T2017	UG, UH, UI, UJ, UK, UL	Not Applicable	No
Home-delivered morning meals, Per meal	S5170			S5170	S5170				UF	Yes	No
Home-delivered liquid supplement meal; two cans, Per meal	S5170			S5170	S5170				UJ	Yes	No
Home-delivered noon meals Per meal	S5170			S5170	S5170				UG	Yes	No
Home-delivered evening meals, Per meal	S5170			S5170	S5170				UH	Yes	No
Home health aide Per Visit	T1021			T1021	T1021				NONE	No	No
Home health aide Per Hour						S9122			NONE	No	No
Home and vehicle modification, **Home modifications** Per occurrence		S5165		S5165	S5165	S5165	S5165		NONE	Yes	No

Service	AIDS/ HIV	BI	CMH	Elderly	HD	ID	PD	Habilitation	Modifier Required	Available for Self-Direction	Available for Telehealth
Home and vehicle modifications, **Vehicle Modifications** Per occurrence		T2039		T2039	T2039	T2039	T2039		NONE	Yes	No
Home Maintenance Support 15-minute unit	S5130			S5130	S5130				NONE	Yes	No
IMMT (HH agency home health aide); 15-minute unit		T1004			T1004	T1004			NONE	No	No
IMMT (HH agency RN); 15-minute unit		T1002			T1002	T1002			NONE	No	No
IMMT (HH agency LPN) 15-minute unit		T1003			T1003	T1003			NONE	No	No
IMMT (SCL agency) 15-minute unit		T1004			T1004	T1004			U3	No	No
In-home family therapy 15-minute unit			H0046						NONE	Not Applicable	Yes
Medical Day Care for Children 15-minute unit		T2027	T2027		T2027	T2027			NONE	Yes	No
Mental health outreach 15-minute unit				H0036					NONE	No	Yes
Nursing (RN) Per visit	T1030			T1030	T1030				NONE	No	No
Nursing (LPN) Per visit	T1031			T1031	T1031				NONE	No	No

Service	AIDS/ HIV	BI	CMH	Elderly	HD	ID	PD	Habilitation	Modifier Required	Available for Self-Direction	Available for Telehealth
Nursing (RN) Per hour						S9123			NONE	No	No
Nursing (LPN) Per hour						S9124			NONE	No	No
Nutritional counseling (initial) 15-minute unit				97802	97802				NONE	No	Yes
Nutritional counseling (subsequent) 15-minute unit				97803	97803				NONE	No	Yes
Peer Mentoring Individual 15-Minute unit	H0038	H0038	H0038		H0038	H0038	H0038		U1	No	No
Peer Mentoring Group 15-Minute unit	H0038	H0038	H0038		H0038	H0038	H0038		U2	No	No
Personal emergency response/ locator (initial fee for installation)		S5160		S5160	S5160	S5160	S5160		NONE	No	No
Personal emergency response / locator (monthly fee)		S5161		S5161	S5161	S5161	S5161		NONE	No	No
Positive Behavioral Support and Consultation 15-minute unit		H0004							UC	No	No

Service	AIDS/ HIV	BI	CMH	Elderly	HD	ID	PD	Habilitation	Modifier Required	Available for Self-Direction	Available for Telehealth
Prevocational Services Per hour	T2015	T2015			T2015	T2015		T2015	NONE	Yes	No
Prevocational Career Exploration Per hour	T2015	T2015			T2015	T2015		T2015	U3	Yes	No
Respite (Home Health agency, specialized) 15-minute unit	S5150	S5150	S5150	S5150	S5150	S5150			U3	Yes	No
Respite (Home Health agency, basic individual) 15-minute unit	S5150	S5150	S5150	S5150	S5150	S5150			NONE	Yes	No
Respite (Home Care agency, basic individual); 15-minute unit	S5150	S5150	S5150	S5150	S5150	S5150			UC	Yes	No
Respite (Home Health agency group); 15-minute unit	T1005	T1005	T1005	T1005	T1005	T1005			NONE	Yes	No
Respite (home/non facility, specialized); 15-minute unit	S5150	S5150	S5150	S5150	S5150	S5150			U3	Yes	No
Respite (home/non-facility basic individual); 15-minute unit	S5150	S5150	S5150	S5150	S5150	S5150			NONE	Yes	No
Respite (home non-facility, group); 15-minute unit	T1005	T1005	T1005	T1005	T1005	T1005			NONE	Yes	No

Service	AIDS/ HIV	BI	CMH	Elderly	HD	ID	PD	Habilitation	Modifier Required	Available for Self-Direction	Available for Telehealth
Respite (facility hospital, NF, RCF, adult day care, childcare facility, ICF/ID, foster group care) 15-minute unit	T1005	T1005	T1005	T1005	T1005	T1005			U3	Yes	No
Respite (resident camp overnight); 15-minute unit	T2036	T2036	T2036	T2036	T2036	T2036			NONE	Yes	No
Respite (group day camp) 15-minute unit	T2037	T2037	T2037	T2037	T2037	T2037			NONE	Yes	No
Specialized medical equipment, per item		T2029					T2029		NONE	Yes	No
Supported Community Living; daily – 8 or more hours per day; **Without Day Services** BI Waiver		H2016							NONE	Yes	Yes
Supported Community Living; daily – 8 or more hours per day; **With Day Services** BI Waiver		S5136							NONE	Yes	Yes
Supported Community Living; daily – 8 or more hours per day; when SCL is delivered via **Remote Support** at any time during the month; **Without Day Services;** BI Waiver		T2016							UM	No	No

Service	AIDS/ HIV	BI	CMH	Elderly	HD	ID	PD	Habilitation	Modifier Required	Available for Self-Direction	Available for Telehealth
Supported Community Living; daily – 8 or more hours per day; when SCL is delivered via **Remote Support** at any time during the month; **With Day Services**; BI Waiver		T2016							UN	No	No
Supported Community Living; daily– 8 or more hours per day; when SCL is delivered in a **Host Home**; **Without Day Services,** BI Waiver		T2017							UM	No	No
Supported Community Living; daily – 8 or more hours per day; when SCL is delivered in a **Host Home**; **With Day Services,** BI Waiver		T2017							UN	No	No
Supported Community Living; 15-minute unit BI Waiver		H2015							NONE	Yes	Yes
Supported Community Living; daily – 8 or more hours per day; **Without Day Services** ID Waiver						H2016			U1, U2, U3, U4, U5, U6, U7, HI	Yes No Modifier	Yes

Service	AIDS/ HIV	BI	CMH	Elderly	HD	ID	PD	Habilitation	Modifier Required	Available for Self-Direction	Available for Telehealth
Supported Community Living; daily – 8 or more hours per day; **With Day Services**; ID Waiver						S5136			U1, U2, U3, U4, U5, U6, HI	Yes, No Modifier	Yes
Supported Community Living; daily – 8 or more hours per day; when SCL is delivered via **Remote Support** at any time during the month; **Without Day Services**; ID Waiver						T2016			UA, UB, UC, UD, UE, UF	No	No
Supported Community Living; daily – 8 or more hours per day; when SCL is delivered via **Remote Support** at any time during the month**; With Day Services**; ID Waiver						T2016			U1, U2, U3, U4, U5, U6,	No	No
Supported Community Living; daily – 8 or more hours per day; when SCL is delivered in a **Host Home, With Day Services** ID Waiver						T2017			U1, U2, U3, U4, U5, U6	No	No

Service	AIDS/ HIV	BI	CMH	Elderly	HD	ID	PD	Habilitation	Modifier Required	Available for Self-Direction	Available for Telehealth
Supported Community Living; daily – 8 or more hours per day; when SCL is delivered in a **Host Home, Without Day Services** ID Waiver						T2017			UA, UB, UC, UD, UE, UF	No	No
Supported Community Living, 15-minute unit ID Waiver						H2015			HI	Yes	Yes
Supported Community Living; daily (residential based)						S5136			UA, UB, UC	No	No
Supported Employment (Individual Employment) Per Hour	T2018	T2018			T2018	T2018		T2018	UC	Yes	Yes
Supported Employment (Long Term Job Coaching) Tiers 1-4 Per Month Tier 5 Per Hour	H2025	H2025			H2025	H2025		H2025	U4, U3, U5, U7, UC	Yes	Yes
Supported Employment (Small Group) 15-minute unit	H2023	H2023			H2023	H2023		H2023	U3, U5, U7	Yes	No
Supported Employment (Individual Placement and Support (IPS)) Per Outcome								T2018	U3, U4, U5, U6	No	No

Service	AIDS/ HIV	BI	CMH	Elderly	HD	ID	PD	Habilitation	Modifier Required	Available for Self-Direction	Available for Telehealth
Transportation, Individual, Per mile		S0215		S0215		S0215	S0215		NONE	Yes	No
Transportation, Group Per mile		S0215		S0215		S0215	S0215		U3	Yes	No
Transportation, Individual, 1-way trip		T2003		T2003		T2003	T2003		NONE	Yes	No
Transportation, Group 1-way trip		T2003		T2003		T2003	T2003		U3	Yes	No
Transportation, Individual, non-emergent wheelchair van Per trip		A0130		A0130		A0130	A0130		NONE	Yes	No
Transportation, Group, non-emergent wheelchair van; Per trip		A0130		A0130		A0130	A0130		U3	Yes	No
Transportation; non-emergent; escort, Per trip		T2001		T2001		T2001	T2001		NONE	Yes	No

Consumer Choices Option (CCO)											
Service	**AIDS/ HIV**	**BI**	**CMH CCO not available**	**Elderly**	**HD**	**ID**	**PD**	**Habilitation CCO not available**	**Modifier Required**	**Available for Self-Direction**	**Available for Telehealth**
Attendant Care (Self-Directed Personal Care), **Unskilled,** 15-minute unit	T1019	T1019		T1019	T1019	T1019	T1019		NONE	Yes	No
Attendant Care (Self-Directed Personal Care), **Skilled,** 15-minute unit	T1019	T1019		T1019	T1019	T1019	T1019		U3	Yes	No
Individual Goods and Services (CCO)	T2025	T2025		T2025	T2025	T2025	T2025		UA, UB, UD: Non-standard items or services, therapies U1-U5: Other savings - ongoing savings	Yes	No
Respite Savings	S5150	S5150		S5150	S5150	S5150	S5150		SE	Yes	Not Applicable
Workman's compensation (CCO)	T2025	T2025		T2025	T2025	T2025	T2025		UC	Yes	Not Applicable
Independent Support Broker (ISB) Fee	T2041	T2041		T2041	T2041	T2041	T2041		NONE	Yes	No
Financial Management Service (FMS)	T2040	T2040		T2040	T2040	T2040	T2040		NONE	Yes	Not Applicable
Background Check Fee *MCO only	99199	99199		99199	99199	99199	99199		U1	Yes	Not Applicable

Consumer Choices Option (CCO)											
Service	**AIDS/ HIV**	**BI**	**CMH CCO not available**	**Elderly**	**HD**	**ID**	**PD**	**Habilitation CCO not available**	**Modifier Required**	**Available for Self-Direction**	**Available for Telehealth**
Background Check Fee-Admin *MCO only	99199	99199		99199	99199	99199	99199		U2	Yes	Not Applicable

(Informational Only) * These codes are for informational purposes and do not appear in the claims/ encounter data.

For the Fee Schedule rates please refer the published HCBS Wavier, Habilitation, and the HCBS Consumer Choices Options Uniform Fee Schedules on the Iowa Medicaid Fee Schedule Webpage[1] under the HCBS heading.

[1] https://hhs.iowa.gov/medicaid/provider-services/covered-services-rates-and-payments/fee-schedules