

HCBS Waiver and Habilitation Billing Code Chart

| Service | AIDS/ HIV | BI | CMH | Elderly | HD | ID | PD | Habilitation | Modifier |
|--|--------------|-------|-------|---------|-------|----------------|-------|--------------|--|
| Adult day care; half day | S5101 | S5101 | | S5101 | S5101 | S5101 | | | NONE |
| Adult day care; full day | S5102 | S5102 | | S5102 | S5102 | S5102 U1-U6 | | | ID Waiver requires use of modifiers, see published Fee Schedule |
| Adult day care; extended day | S5105 | S5105 | | S5105 | S5105 | S5105 | | | NONE |
| Adult day care; 15-Minutes | S5100 | S5100 | | S5100 | S5100 | S5100 | | | NONE |
| Adult Day Care in the Home | S5100 | S5100 | | S5100 | S5100 | S5100 | | | UA required |
| Assisted living services | | | | T2031 | | | | | NONE |
| Assistive devices per item Personal Care Item- adaptive device & therapeutic resources | | | | S5199 | | | | | NONE |
| Behavioral programming (i.e., health and behavioral intervention); first 30 minutes | | 96158 | | | | | | | NONE |
| Behavioral programming (i.e., health and behavioral intervention); each additional 15-minute unit | | 96159 | | | | | | | NONE |
| Behavioral programming (i.e., mental health plan development); 15-minute unit | | H0032 | | | | | | | NONE |
| Behavioral programming (mental health assessment); 15-minute unit | | H0031 | | | | | | | NONE |
| Case management (targeted or waiver); 15-minute unit | | T1016 | T1017 | T1016 | | T1017 | | T1017 | NONE |
| CDAC (agency); 15-minute unit | S5125 | S5125 | | S5125 | S5125 | S5125 | S5125 | | No modifier = unskilled Modifier U3 = skilled |
| CDAC (individual); 15-minute unit | T1019 | T1019 | | T1019 | T1019 | T1019 | T1019 | | No modifier = unskilled Modifier U3 = skilled |
| Chore; 15-minute unit | | | | S5120 | | | | | NONE |
| Counseling (individual); 15-minute unit | H0004 | | | | H0004 | | | | NONE |
| Counseling (group)(i.e. health and Behavior intervention); first 30 minutes | 96164 | | | | 96164 | | | | NONE |
| Counseling (group)(i.e. health and Behavior each additional 15 min | 96165 | | | | 96165 | | | | NONE |

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| Day habilitation; per day | | | | | | T2020 | | T2020 | ID Waiver requires use of modifiers UI- U6, see published Fee Schedule |
| Day habilitation; 15-minute unit | | | | | | T2021 | | T2021 | NONE |
| Enabling Technology for Remote Support Assessment | | T2029 | | | | T2029 | | T2029 | UA required |
| Enabling Technology for Remote Support Equipment Per Job | | T2029 | | | | T2029 | | T2029 | UB required |
| Environmental modifications and adaptive devices (home modification); per item | | | S5165 | | | | | | NONE |
| Environmental modifications and adaptive devices (personal care items); per item | | | S5199 | | | | | | NONE |
| Environmental modifications and adaptive devices (specialized supply); per item | | | T2028 | | | | | | NONE |
| Family and community support; 15-minute unit | | | H2021 | | | | | | NONE |
| Family counseling and training; 15-minute unit | | H2021 | | | | | | | NONE |
| Home Based Habilitation; per diem | | | | | | | | H2016 | UA, UB, UC, UD, U8, U9, U7 |
| Home-delivered morning meals; per meal | S5170 | | | S5170 | S5170 | | | | UF required |
| Home-delivered liquid supplemental meal; two cans per meal | S5170 | | | S5170 | S5170 | | | | UJ required |
| Home-delivered noon meals; per meal | S5170 | | | S5170 | S5170 | | | | UG required |
| Home-delivered evening meals; per meal | S5170 | | | S5170 | S5170 | | | | UH required |
| Home health aide; Per Visit | T1021 | | | T1021 | T1021 | | | | NONE |
| Home health aide; Per Hour | | | | | | S9122 | | | NONE |
| Homemaker; 15-minute unit | S5130 | | | S5130 | S5130 | | | | NONE |
| Home and vehicle modification (home modifications only); per service | | S5165 | | S5165 | S5165 | S5165 | S5165 | | NONE |

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| Home and vehicle modification (vehicle modifications only); per service | | T2039 | | T2039 | T2039 | T2039 | T2039 | | NONE |
| IMMT (HH agency home health aide); 15-minute unit | | T1004 | | | T1004 | T1004 | | | NONE |
| IMMT (HH agency RN); 15-minute unit | | T1002 | | | T1002 | T1002 | | | NONE |
| IMMT (HH agency LPN); 15-minute unit | | T1003 | | | T1003 | T1003 | | | NONE |
| IMMT (SCL; 15-minute unit | | T1004 | | | T1004 | T1004 | | | U3 Required |
| In-home family therapy; 15-minute unit | | | H0046 | | | | | | NONE |
| Medical Day Care for Children | | T2027 | T2027 | | T2027 | T2027 | | | NONE |
| Mental health outreach; 15-minute unit | | | | H0036 | | | | | NONE |
| Nursing (RN); Per visit | T1030 | | | T1030 | T1030 | | | | NONE |
| Nursing (LPN); Per visit | T1031 | | | T1031 | T1031 | | | | NONE |
| Nursing (RN); Per hour | | | | | | S9123 hour | | | NONE |
| Nursing (LPN); Per hour | | | | | | S9124 hour | | | NONE |
| Nutritional counseling (initial); 15-minute unit | | | | 97802 | 97802 | | | | NONE |
| Nutritional counseling (subsequent); 15-minute unit | | | | 97803 | 97803 | | | | NONE |
| Personal emergency response/ locator (initial fee for install) | | S5160 | | S5160 | S5160 | S5160 | S5160 | | NONE |
| Personal emergency response / locator (monthly) | | S5161 | | S5161 | S5161 | S5161 | S5161 | | NONE |
| Prevocational services; per hour | | T2015 | | | | T2015 | | T2015 | NONE |
| Prevocational Career Exploration; per hour | | T2015 | | | | T2015 | | T2015 | U3 Required |
| Respite (Home Health agency, specialized); 15-minute unit | S5150 | S5150 | S5150 | S5150 | S5150 | S5150 | | | U3 Required |
| Respite (Home Health agency, basic individual); 15-minute unit | S5150 | S5150 | S5150 | S5150 | S5150 | S5150 | | | NONE |

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| Respite (Home Care agency, basic individual); 15-minute unit | S5150 | S5150 | S5150 | S5150 | S5150 | S5150 | | | UC Required |
| Respite (Home Health agency group); 15-minute unit | T1005 | T1005 | T1005 | T1005 | T1005 | T1005 | | | NONE |
| Respite (home/non-facility, specialized); 15-minute unit | S5150 | S5150 | S5150 | S5150 | S5150 | S5150 | | | U3 Required |
| Respite (home/non-facility basic individual); 15-minute unit | S5150 | S5150 | S5150 | S5150 | S5150 | S5150 | | | NONE |
| Respite (home non-facility, group); 15-minute unit | T1005 | T1005 | T1005 | T1005 | T1005 | T1005 | | | NONE |
| Respite (hospital or NF) <ul style="list-style-type: none"> • RCF • Adult day care • Child care facility • ICF/ID • Foster group care 15-minute unit | T1005 | T1005 | T1005 | T1005 | T1005 | T1005 | | | U3 required |
| Respite (resident camp overnight); 15-minute unit | T2036 | T2036 | T2036 | T2036 | T2036 | T2036 | | | NONE |
| Respite (group day camp) 15-minute unit | T2037 | T2037 | T2037 | T2037 | T2037 | T2037 | | | NONE |
| Senior companion; 15-minute unit | | | | S5135 | | | | | NONE |
| Specialized medical equipment; per item | | T2029 | | | | | T2029 | | NONE |
| Supported Community Living; daily | | H2016 | | | | H2016 S5136 | | | ID waiver requires use of modifiers see Published Fee Schedule; BI waiver must not have a modifier |
| Supported Community Living; 15-minute unit | | H2015 | | | | H2015 | | | No Modifier = BI Waiver HI Modifier = ID Waiver |
| Supported Community Living (residential based); daily | | | | | | S5136 | | | UA, UB, UC See Published Fee Schedule |
| Supported Employment (Individual Employment) | | T2018 | | | | T2018 | | T2018 | UC See Published Fee Schedule |
| Supported Employment (Long Term Job Coaching) Tiers 1-4 Per Month Tier 5 Per Hour | | H2025 | | | | H2025 | | H2025 | U4, U3, U5, U7, UC See Published Fee Schedule |

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| Supported Employment (Small Group); 15-minute unit | | H2023 | | | | H2023 | | H2023 | U3, U5, U7 See Published Fee Schedule |
| Supported Employment (Individual Placement and Support (IPS)) Per Outcome | | | | | | | | T2018 | U3, U4, U5, U6 See Published Fee Schedule |
| Transportation; per mile; individual | | S0215 | | S0215 | | S0215 | S0215 | | NONE See Published Upper Rate Limit Schedule |
| Transportation; per mile; group | | S0215 | | S0215 | | S0215 | S0215 | | U3 See Published Upper Rate Limit Schedule |
| Transportation; 1-way trip; individual | | T2003 | | T2003 | | T2003 | T2003 | | NONE See Published Upper Rate Limit Schedule |
| Transportation; 1-way trip; group | | T2003 | | T2003 | | T2003 | T2003 | | U3 See Published Upper Rate Limit Schedule |
| Transportation; non- emergent wheelchair van; individual; trip | | A0130 | | A0130 | | A0130 | A0130 | | NONE See Published Upper Rate Limit Schedule |
| Transportation; non- emergent wheelchair van; group; trip | | A0130 | | A0130 | | A0130 | A0130 | | U3 See Published Upper Rate Limit Schedule |
| Transportation; non- emergent; escort; trip | | T2001 | | T2001 | | T2001 | T2001 | | NONE |
| Consumer Choices Option | | | | | | | | | |
| Individual Goods and Services (CCO) | T2025 | T2025 | | T2025 | T2025 | T2025 | T2025 | | UA-UD: Non-standard items or services - therapies, memberships U1-U5: Other savings - ongoing savings |
| Respite Savings | S5050 | S5050 | | S5050 | S5050 | S5050 | S5050 | | SE |
| Workman's compensation (CCO) (Informational Only) * | T2025 | T2025 | | T2025 | T2025 | T2025 | T2025 | | UC |
| Independent Support Broker (ISB) Fee (Informational Only) * | T2041 | T2041 | | T2041 | T2041 | T2041 | T2041 | | NONE |
| Financial Management Service (FMS) (Informational Only) * | T2040 | T2040 | | T2040 | T2040 | T2040 | T2040 | | NONE |
| Background Check Fee (Informational Only) * | 99199 | 99199 | | 99199 | 99199 | 99199 | 99199 | | U1 |
| Background Check Fee- Admin (Informational Only) * | 99199 | 99199 | | 99199 | 99199 | 99199 | 99199 | | U2 |

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

HCBS Waiver and Habilitation Billing Code Chart

Please see the following [Fee Schedules](#)¹ for additional information:

- HCBS Waiver Consumer Choices Options (CCO) Fee Schedule
- HCBS ID Waiver Tiered Fee Schedule
- HCBS Waiver and Habilitation Prevocational and Supported Employment Fee Schedule
- HCBS Waiver Transportation Upper Rate Limits
- HCBS Habilitation Home-Based Habilitation Fee Schedule

¹ <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/policies-rules-and-regulations/covered-services-rates-and-payments/fee-schedules>