

HCBS Waiver and Habilitation Billing Code Chart

Service	AIDS/ HIV	BI	CMH	Elderly	HD	ID	PD	Habilitation	Modifier Required
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-minute unit	S5100	S5100		S5100	S5100	S5100			NONE
Adult Day Care in the Home 15-minute unit	S5100	S5100		S5100	S5100	S5100			UA required
Assisted living services (on-call) daily rate				T2031					NONE
Assistive devices per item Personal Care Item- adaptive device & therapeutic resources				S5199					NONE
Attendant Care	S5125	S5125		S5125	S5125	S5125	S5125		NONE = unskilled; U3 = skilled
Case management (targeted or waiver); 15-minute unit		T1016	T1017	T1016		T1017		T1017	NONE
Companion Care 15-minute unit				S5135					
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
Day habilitation; per day						T2020		T2020	ID Waiver requires use of modifiers U1-U6, see published Fee Schedule

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Day Habilitation; 15-minute unit						T2021		T2021	NONE
Enabling Technology for Remote Support Per 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 training; 15-minute unit		H2021							UC Required
Home Based Habilitation; per diem								H2016	UA, UB, UC, UD, U8, U9, U7 see Published Fee Schedule
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

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Home health aide; Per Visit	T1021			T1021	T1021				NONE
Home health aide; Per Hour						S9122			NONE
Home and vehicle modification (home modifications only); per service		S5165		S5165	S5165	S5165	S5165		NONE
Home Maintenance Support 15-minute unit	S5130			S5130	S5130				
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 15-minute unit		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			NONE
Nursing (LPN); Per hour						S9124			NONE
Nutritional counseling (initial); 15-minute unit				97802	97802				NONE

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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
Positive Behavioral Support and Consultation 15-minute unit		H0004							UC Required
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
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

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Respite (hospital or NF) • RCF • Adult day care • Childcare 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
Specialized medical equipment, per item		T2029					T2029		NONE
Supported Community Living; daily – 8 or more hours per day		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
Supported Employment (Small Group); 15-minute unit		H2023				H2023		H2023	U3, U5, U7 See Published Fee Schedule

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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									
Attendant Care (Self-Directed Personal Care)	T1019	T1019		T1019	T1019	T1019	T1019		NONE= unskilled U3 = skilled
Individual Goods and Services (CCO)	T2025	T2025		T2025	T2025	T2025	T2025		UA, UB, UD: Non-standard items or services - therapies, memberships U1-U5: Other savings - ongoing savings

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Consumer Choices Option									
Respite Savings	S5150	S5150		S5150	S5150	S5150	S5150		SE
Workman's compensation (CCO)	T2025	T2025		T2025	T2025	T2025	T2025		UC Required
Independent Support Broker (ISB) Fee	T2041	T2041		T2041	T2041	T2041	T2041		NONE
Financial Management Service (FMS)	T2040	T2040		T2040	T2040	T2040	T2040		NONE
Background Check Fee *MCO Encounters only	99199	99199		99199	99199	99199	99199		U1 Required
Background Check Fee- Admin *MCO Encounters only	99199	99199		99199	99199	99199	99199		U2 Required

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

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>