

Payment Policy: Waiver Services

Reference Number: CC.PP.015

Product Types: NHHF Medicaid

Effective Date: January 1, 2020

Last Review Date:

[Coding Implications](#)
[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Policy Overview

New Hampshire's Department of Health and Human Services (DHHS) provided guidance which outlines service descriptions and procedure codes that are paid under the current LTSS waivers and managed care carve outs.

Policy Description

The Medicaid Home and Community-Based Services (HCBS) waiver program is authorized in 1915(c) of the Social Security Act. The program permits a State to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization. The State has broad discretion to design its waiver program to address the needs of the waiver's target population. Waiver services complement and/or supplement the services that are available to participants through the Medicaid State plan and other federal, state and local public programs as well as the supports that families and communities provide.

NH Developmental Disabilities (DD) Waiver

Provides community participation services, residential habilitation/personal care services, respite, service coordination, supported employment, assistive technology support services, community support services (CSS), crisis response services, environmental and vehicle modification services, participant directed and managed services (PDMS) formerly consolidated developmental services, specialty services, wellness coaching for individuals with autism spectrum disorder, DD and ID from the time an individual graduates or exits the school system.

NH Acquired Brain Disorder (ABD) Waiver

Provides community participation services, respite, service coordination, supported employment services, assistive technology support services, community support services (CSS), crisis response services, environmental and vehicle modification services, participant directed and managed services - PDMS (formerly consolidated acquired brain disorder services), residential habilitation/personal care services, specialty services, wellness coaching for individuals w/brain injury ages 22 - no max age.

NH In Home Supports (IHS) for Children with DD Waiver

Provides enhanced personal care, consultations, environmental and vehicle mods, family support/service coordination, respite care for individuals w/autism, ID, DD ages 0-21.

NH Choices for Independence (CFI) Waiver

Provides adult medical day services, home health aide, homemaker, personal care, respite, supported employment, financial management services, adult family care, adult in-home services, community transition services, environmental accessibility services, home-delivered

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meals, non-medical transportation, participant directed and managed services, personal emergency response system, residential care facility services, skilled nursing, specialized medical equipment services, supportive housing services for aged individuals ages 65 yrs. - no max age and physically disabled and other disabilities ages 18-64.

LTSS Waiver Services Grid

The following services, with their corresponding modifiers, are provided under the LTSS waiver services as outlined below. These services are not reimbursable by the MCO when the member resides on the corresponding waiver.

NH Choices for Independence (CFI) Waiver						
Program/Waiver	Service Description	Procedure Code	MMIS Mod 1	MMIS Mod 2	MMIS Mod 3	MMIS Mod 4
CFI	Consultation	T2041	HC			
CFI	Individual Directed Goods & Services	H2016	HC			
CFI	PDS Personal Care	T1019	HC	U3		
CFI	Financial Management	T2040	HC			
CFI	Supported Employment	H2023	HC	U2		
CFI	Supported Employment	H2023	HC	U1		
CFI	Transitional Case Management	T1017	HC			
CFI	Respite Care Special Rates	T1005	HC	U1		
CFI	Cell Based PERS	S5161	HC	U1		
CFI	Residential Care Dementia L2	T2033	HC	U4		
CFI	Residential Care Dementia L1	T2033	HC	U3		
CFI	Home Health Aide Per Visit	T1021	HC			
CFI	Skilled Nurse Per Visit	T1030	HC			
CFI	Community Transition	T2038	HC	U1		
CFI	Specialized Medical Equipment	T2029	HC			
CFI	Adult Family Care Spec Daily Rates	S5140	HC	U4		
CFI	Residential Care Special Rates	T2033	HC	U2		
CFI	Electronic Rx / Cell Based PERS	S5185	HC	U5		

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CFI	Non-Medical Transportation	T2002	HC			
CFI	Sealed Rx Drug Packets	S5185	HC	U4		
CFI	Electronic Rx / PERS Device	S5185	HC	U3		
CFI	Kinship Care - Level 2 Per Diem	S5140	HC	U6		
CFI	Kinship Care - Level 1 Per Diem	S5140	HC	U5		
CFI	Electronic Rx Device Installation	S5185	HC	U2		
CFI	Electronic Rx Device Monthly Service	S5185	HC	U1		
CFI	Case Management	T1016	HC	U1		
CFI	Environmental Accessibility Adaptations	S5165	HC			
CFI	Adult Family Care - Level 2 Per Diem	S5140	HC	U2		
CFI	Adult Family Care - Level 1 Per Diem	S5140	HC	U1		
CFI	Residential Care	T2033	HC	U1		
CFI	Supported Housing Level 3 (Betty's Dream)	H0043	HC	U5		
CFI	Supported Housing Level 2	H0043	HC	U6		
CFI	Respite Care Services	T1005	HC			
CFI	In-Home Day Care	G0156	HC	U2		
CFI	Day Care Services (Adult Medical Day Care)	S5102	HC	U2		
CFI	Home Delivered Meal	S5170	HC			
CFI	Emerg Response System	S5161	HC			
CFI	Personal Care Consumer Directed	T1019	HC	U2		
CFI	Personal Care Agency Directed	T1019	HC	U1		
CFI	Homemaker	S5130	HC			
CFI	Home Health Aide 8+ Units	G0156	HC	U1		

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NH Developmental Disabilities (DD) Waiver						
Program/Waiver	Service Description	Procedure Code	MMIS Mod 1	MMIS Mod 2	MMIS Mod 3	MMIS Mod 4
DD	Case Management	T2022	SE	UA	U1	
DD	Case Management Advocacy	T2022	SE	UA	U2	
DD	Family Support Coordination	T2022	SE	UA	U3	
DD	RPCLEV1	T1020	SE	UA	U1	
DD	RPCLEV2	T1020	SE	UA	U2	
DD	RPCLEV3	T1020	SE	UA	U3	
DD	RPCLEV4	T1020	SE	UA	U4	
DD	RPCLEV5	T1020	SE	UA	U5	
DD	RPCLEV6	T1020	SE	UA	U6	
DD	RPCLEV7	T1020	SE	UA	U7	
DD	Community Support (CSS)	H2015	SE	UA	U1	
DD	Community Support CSS / Level 2	H2015	SE	UA	U2	
DD	CDS - Day / Res	T2025	SE	UA	U1	
DD	CDS - Res only	T2025	SE	UA	U2	
DD	CDS - Day / SEP	T2025	SE	UA	U3	
DD	CDS - Day / Family Support	T2025	SE	UA	U4	
DD	CDS - Family Support / Respite	T2025	SE	UA	U5	
DD	CDS - CSS	T2025	SE	UA	U6	
DD	Specialty Services - Level 1	T2025	SE	UA	U7	U1
DD	Specialty Services - Level 2	T2025	SE	UA	U7	U2
DD	Specialty Services - Assess. / Consult.	T2025	SE	UA	U7	U5
DD	Specialty Services - START - Center	T2025	SE	UA	U7	U6
DD	Specialty Services - HRST	T2025	SE	UA	U7	U8
DD	Specialty Services - START - Clinical	T2025	SE	UA	U9	U1
DD	Specialty Services - START - Multidisciplinary	T2025	SE	UA	U9	U2
DD	Day Hab Level 1	T2021	SE	UA	U1	
DD	Day Hab Level 2	T2021	SE	UA	U2	

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DD	Day Hab Level 3	T2021	SE	UA	U3	
DD	Day Hab Level 4	T2021	SE	UA	U4	
DD	Day Hab Level 5	T2021	SE	UA	U5	
DD	Day Hab Level 6	T2021	SE	UA	U6	
DD	SEP Level 1	H2023	SE	UA	U1	
DD	SEP Level 2	H2023	SE	UA	U2	
DD	SEP Level 3	H2023	SE	UA	U3	
DD	Respite	T1005	SE	UA	U1	
DD	Respite Behavioral / Medical	T1005	SE	UA	U2	
DD	Crisis Response Service	H2011	SE	UA	U1	
DD	Environmental Mod	S5165	SE	UA		
DD	Environmental Mod - S	S5165	SE	UA	U1	
DD	Environmental Mod - W	S5165	SE	UA	U2	
DD	Assistive Technology -- Clinician	T2035	SE	UA	U1	
DD	Assistive Technology -- Tech	T2035	SE	UA	U2	

NH Acquired Brain Disorder (ABD) Waiver						
Program/Waiver	Service Description	Procedure Code	MMIS Mod 1	MMIS Mod 2	MMIS Mod 3	MMIS Mod 4
ABD	ABD Case Management	T2022	SE	UB	U1	
ABD	ABD Case Management Advocacy	T2022	SE	UB	U2	
ABD	ABD Family Support Coordination	T2022	SE	UB	U3	
ABD	ABD PCS Level 1	T1020	SE	UB	U1	
ABD	ABD PCS Level 2	T1020	SE	UB	U2	
ABD	ABD PCS Level 3	T1020	SE	UB	U3	
ABD	ABD PCS Level 4	T1020	SE	UB	U4	
ABD	ABD PCS Level 5	T1020	SE	UB	U5	
ABD	ABD PCS Level 6	T1020	SE	UB	U6	
ABD	ABD PCS Level 7	T1020	SE	UB	U7	
ABD	ABD PCS Level 8	T1020	SE	UB	U8	
ABD	ABD Comm Support Svcs (CSS)	H2015	SE	UB	U1	
ABD	ABD Comm Support Svcs CSS / Level 2	H2015	SE	UB	U2	

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ABD	ABD CDS - Day / Res	T2025	SE	UB	U1	
ABD	ABD CDS - Res only	T2025	SE	UB	U2	
ABD	ABD CDS - Day / SEP	T2025	SE	UB	U3	
ABD	ABD CDS - Day / Family Support	T2025	SE	UB	U4	
ABD	ABD CDS - Family Support / Respite	T2025	SE	UB	U5	
ABD	ABD CDS - CSS	T2025	SE	UB	U6	
ABD	ABD Specialty Services - Level 1	T2025	SE	UB	U7	U1
ABD	ABD Specialty Services - Level 2	T2025	SE	UB	U7	U2
ABD	ABD Specialty Services - Assess. / Consult.	T2025	SE	UB	U7	U5
ABD	ABD Special. Svs. - START - Center	T2025	SE	UB	U7	U6
ABD	ABD Specialty Services - HRST	T2025	SE	UB	U7	U8
ABD	ABD Special. Svs. - START - Clinical	T2025	SE	UB	U9	U1
ABD	ABD Special. Svs. - START - Multidisciplinary	T2025	SE	UB	U9	U2
ABD	ABD Day Level 1	T2021	SE	UB	U1	
ABD	ABD Day Level 2	T2021	SE	UB	U2	
ABD	ABD Day Level 3	T2021	SE	UB	U3	
ABD	ABD Day Level 4	T2021	SE	UB	U4	
ABD	ABD Day Level 5	T2021	SE	UB	U5	
ABD	ABD Day Level 6	T2021	SE	UB	U6	
ABD	ABD SEP Level 1	H2023	SE	UB	U1	
ABD	ABD SEP Level 2	H2023	SE	UB	U2	
ABD	ABD SEP Level 3	H2023	SE	UB	U3	
ABD	ABD Respite	T1005	SE	UB	U1	
ABD	ABD Respite Medical / Behavioral	T1005	SE	UB	U2	
ABD	ABD Crisis Response Service	H2011	SE	UB	U1	
ABD	ABD Environmental Mod	S5165	SE	UB		
ABD	ABD Environmental Mod - S	S5165	SE	UB	U1	

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ABD	ABD Environmental Mod - W	S5165	SE	UB	U2	
ABD	ABD Atech - Clinician	T2035	SE	UB	U1	
ABD	ABD Atech - Eval	T2035	SE	UB	U2	

NH In Home Supports (IHS) for Children with DD Waiver						
Program/Waiver	Service Description	Procedure Code	MMIS Mod 1	MMIS Mod 2	MMIS Mod 3	MMIS Mod 4
IHS	In Home Support Waiver	T2025	SE	UC		
IHS	PDM Personal Care	T2025	SE	UC	U1	
IHS	PDM Consultations	T2025	SE	UC	U2	
IHS	PDM Family Support / Service Coordination	T2025	SE	UC	U3	
IHS	PDM Respite	T2025	SE	UC	U4	
IHS	PDM EMod	S5165	SE	UC		
IHS	PDM - START Clinical	T2025	SE	UC	U9	U1

Related Policies

n/a

References

[New Hampshire Waiver Factsheet Medicaid.gov](http://www.nh.gov/education/ltss/waiver-factsheet-medicaid.gov)

LTSS Waiver Services DHHS Guidance #19-0026

LTSS Waiver Services DHHS Guidance #19-0026A

Revision History	
9/01/2019	Original Policy Draft
12/23/2019	Revised per DHHS

Important Reminder

For the purposes of this payment policy, “Health Plan” means a health plan that has adopted this payment policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any other of such health plan’s affiliates, as applicable.

The purpose of this payment policy is to provide a guide to payment, which is a component of the guidelines used to assist in making coverage and payment determinations and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage and

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payment determinations and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable plan-level administrative policies and procedures.

This payment policy is effective as of the date determined by Health Plan. The date of posting may not be the effective date of this payment policy. This payment policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this payment policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Health Plan retains the right to change, amend or withdraw this payment policy, and additional payment policies may be developed and adopted as needed, at any time.

This payment policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This payment policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this policy are independent contractors who exercise independent judgment and over whom Health Plan has no control or right of control. Providers are not agents or employees of Health Plan.

This payment policy is the property of Centene Corporation. Unauthorized copying, use, and distribution of this payment policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this payment policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this payment policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs and LCDs should be reviewed prior to applying the criteria set forth in this payment policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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