



# DEVELOPMENTAL PROGRAMS BULLETIN

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE

DATE OF ISSUE  
**March 22, 2010**

EFFECTIVE DATE  
**July 1, 2009**

NUMBER  
**00-10-01**

SUBJECT:  
Medical Assistance Program Fee Schedule for Select Services in the Consolidated and Person/Family Directed Support Waivers and Community Mental Retardation Base Program; Correction

BY:  
  
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Deputy Secretary for Developmental Programs

### SCOPE:

Administrative Entity Administrator or Director  
County Mental Health/Mental Retardation Program Administrator or Director  
Supports Coordination Organization Administrator or Director  
Financial Management Services Provider Administrator or Director  
Providers of Waiver and Base-Funded Services

### PURPOSE:

The Department of Public Welfare is correcting the Fee Schedule Tables published in the *Pennsylvania Bulletin* at 39 Pa.B. 3238 (June 27, 2009) and implemented July 1, 2009 as the Office of Developmental Programs' (ODP) bulletin #00-09-06, *Medical Assistance Program Fee Schedule for Select Services in the Consolidated and Person/Family Directed Support Waivers and Community Mental Retardation Base Program*. Specifically, some of the provider types, specialty codes, modifiers, selected services and rates of the Fee Schedule Tables are corrected.

### BACKGROUND:

The published notice did not include the Supported Employment service on the Agency with Choice Financial Management Services, Including Benefits Fee Schedule Table. Therefore, Supported Employment has been included on the updated table below. In addition, the published notice provided an incorrect Area 2 rate for Unlicensed Habilitation, level 4 enhanced on the same table. The published notice incorrectly stated "\$19.83" as the Area 2 rate for Unlicensed Habilitation, level 4 enhanced. Instead of "\$19.83" the notice should have stated "\$19.86" for the Area 2 rate for that service.

### DISCUSSION:

The revised Fee Schedule Tables with the corrected provider types, specialty codes, modifiers, selected services and rates are as follows:

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

**The Appropriate Regional Office of Developmental Programs**

### Fee Schedule Table: Select Community-Based Services

Service	Procedure Code	Modifier	Provider Type	Specialty Code	Unit	Area 1	Area 2	Area 3	Area 4
Nursing Services: LPN	T2025	TE	05	051	15 minutes	\$11.02	\$10.31	\$9.78	\$8.89
			16	161					
Nursing Services: RN	T2025	TD	05	051	15 minutes	\$16.55	\$15.48	\$14.68	\$13.35
			16	160					
Physical Therapy	T2025	GP	17	170	15 minutes	\$15.64	\$14.63	\$13.87	\$12.61
Occupational Therapy	T2025	GO	17	171	15 minutes	\$17.12	\$16.02	\$15.19	\$13.81
Speech/Language Therapy	T2025	GN	17	173	15 minutes	\$18.73	\$17.52	\$16.62	\$15.10
Individual Behavioral Therapy	T2025	HE	19	208	15 minutes	\$16.50	\$15.44	\$14.64	\$13.31
Group Behavioral Therapy	T2025	HE&HQ	19	208	15 minutes	\$4.12	\$3.85	\$3.65	\$3.32
Visual/Mobility Therapy	W7246		51	517	15 minutes	\$18.73	\$17.52	\$16.62	\$15.10
Companion Services, Basic Staff Support	W1724		51	363	15 minutes	\$ .79	\$ .74	\$ .70	\$ .64
Companion Services, Level 1	W1725		51	363	15 minutes	\$ .99	\$ .93	\$ .88	\$ .80
Companion Services, Level 2	W1726		51	363	15 minutes	\$2.09	\$1.96	\$1.85	\$1.69
Companion Services, Level 3	W1727		51	363	15 minutes	\$4.69	\$4.39	\$4.16	\$3.78
Behavioral Support	W7095		51	510	15 minutes	\$17.96	\$16.80	\$15.93	\$14.48
Supports Broker	W7096		51	510	15 minutes	\$10.85	\$10.15	\$9.63	\$8.75
Home Finding	W7277		51 or 55	571	15 minutes	\$9.99	\$9.35	\$8.86	\$8.06
Homemaker/Chore	W7283		51	430 or 431	Hour	\$22.87	\$21.39	\$20.29	\$18.44
			55	430 or 431					
			43	430					
		UA	51	430 or 431					
			55	430 or 431					
			43	430					

**Fee Schedule Table: Unlicensed Out-of-Home Respite and Respite Camp Ineligible Services (Room and Board)**

<b>Service</b>	<b>Procedure Code</b>	<b>Provider Type</b>	<b>Specialty Code</b>	<b>Unit</b>	<b>Areas 1 through 4</b>
Respite— Unlicensed out of home, ineligible	W6066	51	513	15 minutes	\$4.00/unit, max of 3 units per day
	W6067	51	513	15 minutes	\$4.00/unit, max of 3 units per day
	W6068	51	513	15 minutes	\$4.00/unit, max of 3 units per day
		54	540 or 541		
	W6069	51	513	15 minutes	\$4.00/unit, max of 3 units per day
		54	540 or 541		
	W6070	51	513	15 minutes	\$4.00/unit, max of 3 units per day
		54	540 or 541		
	W6071	51	513	15 minutes	\$4.00/unit, max of 3 units per day
		54	540 or 541		
	W6060	51	513	Day	\$12.00/unit, max of 1 unit per day
	W6061	51	513	Day	\$12.00/unit, max of 1 unit per day
	W6062	51	513	Day	\$12.00/unit, max of 1 unit per day
		54	540 or 541		
	W6063	51	513	Day	\$12.00/unit, max of 1 unit per day
		54	540 or 541		
	W6064	51	513	Day	\$12.00/unit, max of 1 unit per day
		54	540 or 541		
	W6065	51	513	Day	\$12.00/unit, max of 1 unit per day
		54	540 or 541		
Respite— Camp, Ineligible	W8400	51	555	15 minutes	\$4.00/unit, max of 3 units per day
		55	555		
		54	540 or 541		
	W8401	51	554	Day	\$12.00/unit, max of 1 unit per day
		55	554		
		54	540 or 541		

## Fee Schedule Table: Agency with Choice Financial Management Services, Excluding Benefits\*

\*Modifier U4 must be used with all procedures codes when billing for services excluding benefits.

Service	Procedure code	Modifier	Provider Type	Specialty Code	Unit	Area 1	Area 2	Area 3	Area 4
Companion, Level 3	W1727	U4	54	540	15 minutes	\$3.06	\$2.87	\$2.72	\$2.47
Unlicensed Habilitation, Level 3	W7060	U4	54	540	15 minutes	\$5.07	\$4.74	\$4.50	\$4.09
Unlicensed Habilitation, Level 3 enhanced	W7061	U4	54	540	15 minutes	\$8.39	\$7.85	\$7.44	\$6.77
		TD & U4							
		TE & U4							
Unlicensed Habilitation, Level 4	W7068	U4	54	540	15 minutes	\$10.13	\$9.48	\$8.99	\$8.17
Unlicensed Habilitation, Level 4 enhanced	W7069	U4	54	540	15 minutes	\$16.77	\$15.69	\$14.88	\$13.52
		TD & U4							
		TE & U4							
Supports Broker	W7096	U4	54	540	15 minutes	\$6.15	\$5.76	\$5.46	\$4.96
Supported Employment	W7235	U4	54	540	15 minutes	\$6.12	\$5.73	\$5.43	\$4.94
Respite – Unlicensed in home, Level 2	W7250	U4	54	540	Day	\$223.14	\$208.74	\$197.94	\$179.95
	W7258	U4	54	540	15 minutes	\$3.48	\$3.26	\$3.09	\$2.81
Respite— Unlicensed in home, Level 2 enhanced	W7251	U4	54	540	Day	\$478.66	\$447.77	\$424.61	\$386.01
		TD & U4							
		TE & U4							
	W7264	U4	54	540	15 minutes	\$7.48	\$7.00	\$6.64	\$6.03
		TD & U4							
		TE & U4							
Respite— Unlicensed in home, Level 3	W7252	U4	54	540	Day	\$446.27	\$417.48	\$395.89	\$359.90
	W7265	U4	54	540	15 minutes	\$6.97	\$6.52	\$6.19	\$5.62
Respite— Unlicensed in home, Level 3 enhanced	W7253	U4	54	540	Day	\$957.31	\$895.55	\$849.23	\$772.02
		TD & U4							
		TE & U4							
	W7266	U4	54	540	15 minutes	\$14.95	\$13.99	\$13.26	\$12.06
		TD & U4							
		TE & U4							
Homemaker/ Chore	W7283	U4	54	540	Hour	\$13.42	\$12.55	\$11.91	\$10.82
		UA & U4							
Respite - Unlicensed out of home, Level 2	W8002	U4	54	540	Day	\$223.14	\$208.74	\$197.94	\$179.95
	W8012	U4	54	540	15 minutes	\$3.48	\$3.26	\$3.09	\$2.81
Respite – Unlicensed out of home, Level 2 enhanced	W8003	U4	54	540	Day	\$478.66	\$447.77	\$424.61	\$386.01
		TD & U4							
		TE & U4							
	W8013	U4	54	540	15 minutes	\$7.48	\$7.00	\$6.64	\$6.03
		TD & U4							
		TE & U4							

**Fee Schedule Table: Agency with Choice Financial Management Services, Excluding Benefits (continued)**

Service	Procedure code	Modifier	Provider Type	Specialty Code	Unit	Area 1	Area 2	Area 3	Area 4
Respite - Unlicensed out of home, Level 3	W8004	U4	54	540	Day	\$446.27	\$417.48	\$395.89	\$359.90
	W8014	U4	54	540	15 minutes	\$6.97	\$6.52	\$6.19	\$5.62
Respite – Unlicensed out of home, Level 3 enhanced	W8005	U4	54	540	Day	\$957.31	\$895.55	\$849.23	\$772.02
		TD & U4							
		TE & U4							
	W8015	U4	54	540	15 minutes	\$14.95	\$13.99	\$13.26	\$12.06
		TD & U4							
		TE & U4							

## Fee Schedule Table: Agency with Choice Financial Management Services, Including Benefits\*\*

\*\*No modifier is needed to indicate the benefit allowance is included.

Service	Procedure Code	Modifier	Provider Type	Specialty Code	Unit	Area 1	Area 2	Area 3	Area 4
Companion Level 3	W1727		54	540	15 minutes	\$3.88	\$3.63	\$3.44	\$3.13
Unlicensed Habilitation, Level 3	W7060		54	540	15 minutes	\$6.42	\$6.01	\$5.70	\$5.18
Unlicensed Habilitation, Level 3 enhanced	W7061		54	540	15 minutes	\$10.62	\$9.93	\$9.42	\$8.56
		TD							
		TE							
Unlicensed Habilitation, Level 4	W7068		54	540	15 minutes	\$12.83	\$12.00	\$11.38	\$10.35
Unlicensed Habilitation, Level 4 enhanced	W7069		54	540	15 minutes	\$21.23	\$19.86	\$18.83	\$17.12
		TD							
		TE							
Supports Broker	W7096		54	540	15 minutes	\$7.79	\$7.29	\$6.91	\$6.28
Supported Employment	W7235		54	540	15 minutes	\$7.75	\$7.25	\$6.88	\$6.25
Respite – Unlicensed in home, Level 2	W7250		54	540	Day	\$282.49	\$264.26	\$250.60	\$227.81
	W7258		54	540	15 minutes	\$4.41	\$4.13	\$3.91	\$3.56
Respite – Unlicensed in home, Level 2 enhanced	W7251		54	540	Day	\$605.98	\$566.88	\$537.56	\$488.69
		TD							
		TE							
	W7264		54	540	15 minutes	\$9.47	\$8.86	\$8.40	\$7.64
Respite – Unlicensed in home, Level 3	W7252		54	540	Day	\$564.98	\$528.53	\$501.19	\$455.63
	W7265		54	540	15 minutes	\$8.83	\$8.26	\$7.83	\$7.12
Respite – Unlicensed in home, Level 3 enhanced	W7253		54	540	Day	\$1,211.96	\$1,133.76	\$1,075.12	\$977.38
		TD							
		TE							
	W7266		54	540	15 minutes	\$18.93	\$17.71	\$16.79	\$15.27
Homemaker/Chore	W7283		54	540	Hour	\$16.99	\$15.89	\$15.07	\$13.70
		UA							
Respite – Unlicensed out of home, Level 2	W8002		54	540	Day	\$282.49	\$264.26	\$250.60	\$227.81
	W8012		54	540	15 minutes	\$4.41	\$4.13	\$3.91	\$3.56
Respite – Unlicensed out of home, Level 2 enhanced	W8003		54	540	Day	\$605.98	\$566.88	\$537.56	\$488.69
		TD							
		TE							
	W8013		54	540	15 minutes	\$9.47	\$8.86	\$8.40	\$7.64
		TD							
		TE							

**Fee Schedule Table: Agency with Choice Financial Management Services, Including Benefits\*\* (continued)**

Service	Procedure Code	Modifier	Provider Type	Specialty Code	Unit	Area 1	Area 2	Area 3	Area 4
Respite— Unlicensed out of home, Level 3	W8004		54	540	Day	\$564.98	\$528.53	\$501.19	\$455.63
	W8014		54	540	15 minutes	\$8.83	\$8.26	\$7.83	\$7.12
Respite— Unlicensed out of home, Level 3 enhanced	W8005		54	540	Day	\$1,211.96	\$1,133.76	\$1,075.12	\$977.38
		TD							
	W8015		54	540	15 minutes	\$18.93	\$17.71	\$16.79	\$15.27
		TD							
		TE							

**OBSOLETE:**

This bulletin obsoletes ODP bulletin #00-09-06, *Medical Assistance Program Fee Schedule for Select Services in the Consolidated and Person/Family Directed Support Waivers and Community Mental Retardation Base Program.*