VAYAHEALTH

Standard Rate Schedule: Medicaid 1915(i) Services

Effective 02-01-2024
Revised 06-30-2024

1915(i) Service Description	Code	Modifier(s)	EVV	Standard Rate
H0043 U4 - Community Transition	H0043	U4		Invoice-based*
H0045 U4 - Individual Respite	H0045	U4		$ 6.42
H0045 HQ U4 - Group Respite	H0045	HQ U4		$ 4.51
H2023 U4 - SE IDD Initial Individual	H2023	U4		$ 11.75
H2023 HQ U4 - SE IDD Initial Group	H2023	HQ U4		$ 3.52
H2026 U4 i - SE IDD Maint Individual	H2026	U4		$ 11.75
H2026 HQ U4 - SE IDD Maint Group	H2026	HQ U4		$ 3.37
T1019 U4 - Individual and Transitional Support	T1019	U4	X	$ 17.88
T1019 U4 TS - Indiv and Transitional Supp non-EVV	T1019	U4 TS		$ 16.75
T2012 U4 - Comm Living and Supp Indiv non-EVV	T2012	U4		$ 5.92
T2013 TF HQ U4 - Comm Living and Supp Group	T2013	TF HQ U4	X	$ 4.17
T2012 GC U4 - Comm Living and Supp Indiv relative as provider in home non-EVV	T2012	GC U4		$ 5.92
T2013 TF U4 - Comm Living and Supp Individual	T2013	TF U4	X	$ 7.80
Tailored Care Management for 1915(i) (Two separate lines on the same claim are required)	T1017	HT		$ 343.97
	T1017	U4		$ 79.73

*Invoice-based: Provider submits actual costs to Vaya Health Finance Department