

Fee for Service (State Plan)							
Procedure Code	Service Description	Billing Unit	DDSD Rate per Unit	DDSD Rate per Hour (for budgeting purposes only)	Provider Type	Specialty	Effective date
90791	Psychiatric Diagnostic Evaluation without Medical Services	1 Unit = 1 Session	Pay as Billed	n/a	038	S13	7/1/2022
90792	Psychiatric Diagnostic Evaluation with Medical Service	1 Unit = 1 Session	Pay as Billed	n/a	038	S13	7/1/2022
90832	Individual Therapy	30 min.	\$57.75	n/a	038	S13	7/1/2024
90834	Individual Therapy	45 min.	\$88.22	n/a	038	S13	7/1/2024
90837	Individual Therapy	1 hour	\$130.03	\$130.03	038	S13	7/1/2024
90846	Family Therapy (without the person)	1 Unit = 1 Session	\$83.03	n/a	038	S13	7/1/2024

DDSD Medicaid Claim Codes & Reimbursement Rates

90847	Family Therapy (with the person)	1 Unit = 1 Session	\$87.05	n/a	038	S13	7/1/2024
90853	Group Therapy	1 Unit = 1 Session	\$23.57	n/a	038	S13	7/1/2024
96130	Psychological and Neuropsychological Testing Evaluation Services; first hour	1 hour	\$101.85	\$101.85	038	S13	7/1/2024
96131	Psychological and Neuropsychological Testing Evaluation Services; each additional hour	1 hour	\$73.13	\$73.13	038	S13	7/1/2024
96136	Psychological or Neuropsychological Test Administration and Scoring; First 30 minutes	30 min.	\$35.87	n/a	038	S13	7/1/2024
96137	Psychological or Neuropsychological Test Administration and Scoring; Each additional 30 minutes	30 min.	\$32.56	n/a	038	S13	7/1/2024
99211	Pharmacologic Management, incl. prescription, use, and review of Med. w/no more than min. medical psychotherapy medication management and consultation services	5-9 min.	\$20.18	n/a	038	S13	7/1/2024
99212		10-19 min.	\$48.35	n/a	038	S13	7/1/2024

99213		20-29 min.	\$77.49	n/a	038	S13	7/1/2024
99214		30-39 min.	\$109.24	n/a	038	S13	7/1/2024
99215		40-54 min.	\$153.41	n/a	038	S13	7/1/2024
H2011	Crisis Intervention Services	15 min.	\$50.14	\$200.56	038	S13	7/1/2023
S5150	Family Managed Respite (hourly) ¹	15 min.	\$4.12 (minimum)	\$16.49 (minimum)	038	S13	7/13/2024
			\$5.29 (maximum)	\$21.16 (maximum)			
			\$7.99 (maximum w/overtime)	\$31.75 (maximum w/overtime)			
S5151	Family Managed Respite (daily) ²	1 Unit= 1 day	\$263.90 (minimum)	n/a	038	S13	7/13/2024
			\$338.56 (maximum)				
			\$508 (maximum w/overtime)				
T1017	Targeted Case Management	15 min.	\$15.34	\$61.36	038	S13	7/1/2024

¹ Rate includes the 11.82% employer tax

² Rate includes the 11.82% employer tax

T2021	Day Habilitation (PASRR Specialized Day Services) ³	15 min.	Pay as Billed	n/a	038	S13	7/1/2022
T2022	Bridge Program Case Management	1 Unit=1 month	Pay as Billed	n/a	038	S13	7/1/2022
HCBS (Waiver)							
Procedure Code	Service Description	Billing Unit	DDSD Rate per Unit	DDSD Rate per Hour (for budgeting purposes only)	Provider Type	Specialty	Effective date
99199	Home & Community Based Services: Per Member Per Month	1 unit=per member per month	Pay as billed	n/a	042	S25	7/1/2022
T1016	Case Management	15 min.	\$15.34	\$61.36	042	S25	7/1/2024
T1016	Case Management – Self & Surrogate Directed	15 min.	\$10.83	\$43.31	042	S25	7/1/2024
T1016	Case Management – Supportive ISO QDDP Services	1 year	\$1,009.20	n/a	042	S25	8/1/2023

³ PASRR services are only for individuals living in nursing homes and must be prior authorized.

DDSD Medicaid Claim Codes & Reimbursement Rates

T2021	Community Supports (Adult Day) ⁴	15 min.	\$6.44	\$25.76	042	S25	7/1/2024
T2039	Vehicle Modifications	1 Unit=1 encounter	Pay as Billed (maximum billable amount is \$7,002.45 per year)	n/a	042	S25	7/1/2023
ARIS Administrative Services							
Service Description		Billing Unit	DDSD Rate per Unit	DDSD Rate per Hour (for budget purposes only)	Provider Type	Specialty	Effective Date
99199	ARIS – HCBS Administrative Fee	1 Unit = per member per month	\$67.00	n/a	038	S13	7/1/2022
99199	ARIS – FMR Administrative Fee	1 Unit = per member per month	\$87.00	n/a	038	S13	2/1/2024

⁴ Rate is specifically and exclusively for purchase of adult day services

ARIS Independent Direct Support Workers						
Service Description	Billing Unit	DDSD Rate per Unit	DDSD Rate per Hour (for budget purposes only)	Provider Type	Specialty	Effective Date
CBA Minimum Hourly Rate ⁵	15 min.	\$4.12	\$16.49	042	S25	7/13/2024
CBA Minimum Respite Daily Rate ⁶	1 Unit = 1 day	n/a	\$263.90	042	S25	7/13/2024

⁵ Rate includes the 11.82% employer tax

⁶ Rate includes the 11.82% employer tax