

**Division of Developmental Disabilities - Family Support
FY09 Title XIX Billing Codes**

Code	Standard Description	DHS Description	Fee	Monthly Limit
T1016	Case Management	Service Coordination	\$14.25	n/a
T1020	Companion Care, adult; per 15 minutes	Companion Care	Billed Charges	\$1,000
T1005	Respite Care Services	Respite	Billed Charges	\$1,000
A9900	Specialized Medical Equipment, not otherwise specified, waiver	Specialized Medical Adaptive Equipment and Supplies	Billed Charges	\$2,500
T1019	Personal Care Services	Personal Care	Billed Charges	\$1,500
S5165	Home Modifications, per service	Environmental Accessibility Adaptive Equipment	Billed Charges	\$5,000
B4222	Medical foods for inborn errors of metabolism	Nutritional Supplements	Billed Charges	\$500
T2018	Habilitation, supported employment, waiver; per 15 minutes	Supported Employment	Billed Charges	\$750
N/A	Vehicle modifications, waiver; per service	Vehicle Modifications	Billed Charges	\$5,000