AVAILABLE SERVICES FY 2014 BEGINNING 07/01/2013

Ancillary form	SERVICE	SHORT NAME	State Cost Center	Main Waiver Cost Centers	Arlington Waiver Cost Centers	Self Determination Waiver	TENNCARE WAIVERS HCPCS Code	RATE	UNIT TYPE	
	BEHAVIOR SPECIALIST SVS.	BEH SPEC	N/A	6B611	6B611Q	9B611	H2011 U1	$6.75	QTRHR	
	BEHAVIOR ANALYST SVS.	BEH ANLYST	N/A	6B712	6B712Q	9B712	H2011 U2	$18.85	QTRHR	
	BEHAVIOR ANALYST SVS: ASSESSMENT 1	BA ASMT1	N/A	6B730	6B730Q	9B730	T2024 U1	$18.85	QTRHR	
	BEHAVIOR ANALYST SVS: ASSESSMENT 2	BA ASMT2	N/A	6B731	6B731Q	9B731	T2024 U1	$18.85	QTRHR	
	BEHAVIOR ANALYST SVS: BEH PLAN DEVELOPMENT AND TRAINING OF STAFF ON PLAN-1	BA PLAN DEV1	N/A	6B732	6B732Q	9B732	T2024 U2	$18.85	QTRHR	
	BEHAVIOR ANALYST SVS: BEH PLAN DEVELOPMENT AND TRAINING OF STAFF ON PLAN-2	BA PLAN DEV2	N/A	6B733	6B733Q	9B733	T2024 U2	$18.85	QTRHR	
	BEHAVIOR ANALYST SVS: PRESENTATION AT MEETINGS	BA PRES	N/A	6B734	6B734Q	9B734	H2011 U2 UK	$18.85	QTRHR	
	INDEPENDENT SUPPORT COORDINATION - TRANSITION	ISC	5C111	N/A	N/A	N/A	N/A	$233.07	MONTH	
	INDEPENDENT SUPPORT COORDINATION	ISC	5C112	6C612	6C612Q	N/A	T2022	$233.07	MONTH	
	ICF/MR 180 TRANSITIONAL CASE MANAGEMENT 1 MONTH	ICF180-1	N/A	6C631	6C631Q	N/A	T2038 U1	$233.07	OCCURRENCE	
	ICF/MR 180 TRANSITIONAL CASE MANAGEMENT 2 MONTHS	ICF180-2	N/A	6C632	6C632Q	N/A	T2038 U2	$466.15	OCCURRENCE	
	ICF/MR 180 TRANSITIONAL CASE MANAGEMENT 3 MONTHS	ICF180-3	N/A	6C633	6C633Q	N/A	T2038 U3	$699.23	OCCURRENCE	
	ICF/MR 180 TRANSITIONAL CASE MANAGEMENT 4 MONTHS	ICF180-4	N/A	6C634	6C634Q	N/A	T2038 U4	$932.31	OCCURRENCE	
	ICF/MR 180 TRANSITIONAL CASE MANAGEMENT 5 MONTHS	ICF180-5	N/A	6C635	6C635Q	N/A	T2038 U5	$1,165.39	OCCURRENCE	
	ICF/MR 180 TRANSITIONAL CASE MANAGEMENT 6 MONTHS	ICF180-6	N/A	6C636	6C636Q	N/A	T2038 U6	$1,398.47	OCCURRENCE	
Must	COMMUNITY BASED DAY SERVICES	CB DAY	N/A	6D611	6D611Q	9D611	T2020 U6	$59.93	DAY	**Levels 1-3 and 1-3 people**
be	COMMUNITY BASED DAY SERVICES - LEVEL 6	CB DAY-6	N/A	6D616	6D616Q	9D616	T2020 U8	$129.35	DAY	**1 person - 2 staff available**
Provided	COMMUNITY BASED DAY SERVICES - LEVEL 4	CB DAY-SN	N/A	6D618	6D618Q	9D618	T2020 U7	$83.14	DAY	**intense needs**
between	FACILITY BASED DAY SERVICES LEVEL 1	FB DAY -1	N/A	6D711	6D711Q	9D711	T2020 U1 HQ	$30.92	DAY	
7:30 AM	FACILITY BASED DAY SERVICES LEVEL 2	FB DAY -2	N/A	6D712	6D712Q	9D712	T2020 U2 HQ	$38.79	DAY	
and 6 PM	FACILITY BASED DAY SERVICES LEVEL 3	FB DAY -3	N/A	6D713	6D713Q	9D713	T2020 U3 HQ	$52.26	DAY	
Monday	FACILITY BASED DAY SERVICES LEVEL 4	FB DAY -4	N/A	6D714	6D714Q	9D714	T2020 U4 HQ	$65.58	DAY	
to Friday	FACILITY BASED DAY SERVICES LEVEL 6	FB DAY -6	N/A	6D716	6D716Q	9D716	T2020 U5 HQ	$126.78	DAY	
Any	EMPLOYMENT SUPPORTS GROUP EMPLOYMENT	EMP-GROUP	N/A	6D812	6D812Q	9D812	T2020 U1	$44.85	DAY	**4 or more people**
Time	EMPLOYMENT SUPPORTS INDIVIDUAL EMPLOYMENT	EMP-IND	N/A	6D813	6D813Q	9D813	T2020 U2	$77.94	DAY	**3 or less**
Any	EMPLOYMENT SUPPORTS SPECIAL NEEDS	EMP-SN	N/A	6D818	6D818Q	9D818	T2020 U3	$108.56	DAY	**1:1**
Day	EMPLOYMENT SUPPORTS NEEDS LEVEL 6	EMP-6	N/A	6D819	6D819Q	N/A	T2020 U4	$129.35	DAY	**More than 1:1**
	IN HOME DAY	IHD	N/A	6D911	6D911Q	9D911	T2020	$52.80	DAY	
	IN HOME DAY LEVEL 4	IHD-4	N/A	6D912	6D912Q	9D912	T2020 U4 UA	$76.00	DAY	
	IN HOME DAY LEVEL 6	IHD-6	NA	6D913	6D913Q	9D913	T2020 U6 UA	$122.22	DAY	
	Day svs are limited to 1 unit per day, 5 units/wk combined all sources, 243 units per year. Only one type of day service can be billed per day and only one provider per day									
	FAMILY MODEL RES 1	FAM-1	N/A	6F611	6F611Q	N/A	T2012 U1	$42.88	DAY	
	FAMILY MODEL RES 2	FAM-2	N/A	6F612	6F612Q	N/A	T2012 U2	$50.45	DAY	
	FAMILY MODEL RES 3	FAM-3	N/A	6F613	6F613Q	N/A	T2012 U3	$70.12	DAY	
	FAMILY MODEL RES 4	FAM-4	N/A	6F614	6F614Q	N/A	T2012 U4	$113.00	DAY	
	FAMILY MODEL RES 5	FAM-5	N/A	6F615	6F615Q	N/A	T2012 U5	$218.95	DAY	
	RESPITE LEVEL A - DAILY **8-16 hrs per day Max 30 days per yr**	RESPITE A	N/A	6G611	6G611Q	9G611	S9125 UN	$64.07	DAY	**Cannot be receiving Resid**
Need	RESPITE LEVEL B - DAILY **Shift staff - Max 30 days yr**	RESPITE B	N/A	6G612	6G612Q	9G612	S9125 U2	$196.75	DAY	" "
Respite	RESPITE LEVEL C - DAILY **Overnight Awake - Max 30 days yr**	RESPITE C	N/A	6G613	6G613Q	9G613	S9125 U3	$233.07	DAY	" "
License	RESPITE LEVEL D - PER QTR HOUR **less than 8 hrs per day**	RESPITE D	N/A	6G614	6G614Q	9G614	S5150	$3.72	QTRHR	" "

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	BEHAVIORAL RESPITE - DAILY **60 day Waiver year max**	RESPITE-BH	N/A	6G615	6G615Q	9G615	H0045 U4	$494.41	DAY	**CAN be in Residential Svs. Not eligible for Day or Ind Trans**
	HOUSING COSTS SUBSIDY	HOUSING SUB	5H450	N/A	N/A	N/A	N/A	$1.00	BY POLICY	
Need level	MED RES LEVEL 5 IND 24 HOUR	MR5 IND 24	N/A	6J715	6J715Q	N/A	T2025 U1	$733.54	DAY	**24 hour svs includes day**
of Nursing	MED RES LEVEL 5 - 2 PER 24 HOUR	MR5-2 24	N/A	6J725	6J725Q	N/A	T2025 U2 UN	$594.90	DAY	" "
that can't	MED RES LEVEL 5 - 3 PER 24 HOUR	MR5-3 24	N/A	6J735	6J735Q	N/A	T2025 U3 UP	$447.94	DAY	" "
be met with	MED RES LEVEL 5 - 4 PER 24 HOUR	MR5-4 24	N/A	6J745	6J745Q	N/A	T2025 U4 UQ	$331.86	DAY	" "
2 or fewer	MED SL LEVEL 5 IND 24 HOUR	MS5-IND	N/A	6K715	6K715Q	N/A	T2025 U1	$733.54	DAY	" "
visits per	MED SL LEVEL 5 - 2 PER 24 HOUR	MS5-2 24	N/A	6K725	6K725Q	N/A	T2025 U2 UN	$594.90	DAY	" "
day	MED SL LEVEL 5 - 3 PER 24 HOUR	MS5-3 24	N/A	6K735	6K735Q	N/A	T2025 U3 UP	$447.94	DAY	" "
	NURSING SERVICES BY RN **RN + LPN limited to 48 units/day**	RN	N/A	6N721	6N721Q	9N721	T1002	$8.50	QTRHR	
	NURSING SERVICES BY LPN **RN + LPN limited to 48 units/day**	LPN	N/A	6N731	6N731Q	9N731	T1003	$5.99	QTRHR	
Can't have Resid Svs	PERSONAL ASSISTANCE QTR HR **Limited to 860 units/month**	PA QTR HR	N/A	6P619	6P619Q	9P619	T1019 U1	$3.72	QTRHR	
	HOSPITAL ATTENDANT	HOSP ATTND	5P311	N/A	N/A	N/A	N/A	$3.72	QTRHR	
	RESIDENTIAL LEVEL 1 SHIFT INDIVIDUAL	RES1-IND	N/A	6R611	6R611Q	N/A	T2016 U1	$192.97	DAY	
	RESIDENTIAL LEVEL 2 SHIFT INDIVIDUAL	RES2-IND	N/A	6R612	6R612Q	N/A	T2016 U2	$269.40	DAY	
	RESIDENTIAL LEVEL 3 SHIFT INDIVIDUAL	RES3-IND	N/A	6R613	6R613Q	N/A	T2016 U3	$305.72	DAY	
	RESIDENTIAL LEVEL 4 INDIVIDUAL	RES4-IND	N/A	6R614	6R614Q	N/A	T2016 U4	$470.74	DAY	
	RESIDENTIAL LEVEL 6 INDIVIDUAL	RES6-IND	N/A	6R616	6R616Q	N/A	T2016 U6	$754.47	DAY	
	RESIDENTIAL LEVEL 1 FOR 2 PEOPLE	RES1-2	N/A	6R621	6R621Q	N/A	T2016 U1 UN	$116.53	DAY	
	RESIDENTIAL LEVEL 2 FOR 2 PEOPLE	RES2-2	N/A	6R622	6R622Q	N/A	T2016 U2 UN	$150.08	DAY	
	RESIDENTIAL LEVEL 3 FOR 2 PEOPLE	RES3-2	N/A	6R623	6R623Q	N/A	T2016 U3 UN	$243.72	DAY	
	RESIDENTIAL LEVEL 4 FOR 2 PEOPLE	RES4-2	N/A	6R624	6R624Q	N/A	T2016 U4 UN	$286.00	DAY	
	RESIDENTIAL LEVEL 6 FOR 2 PEOPLE	RES6-2	N/A	6R626	6R626Q	N/A	T2016 U6 UN	$479.93	DAY	
	RESIDENTIAL LEVEL 1 FOR 3 PEOPLE	RES1-3	N/A	6R631	6R631Q	N/A	T2016 U1 UP	$81.47	DAY	
	RESIDENTIAL LEVEL 2 FOR 3 PEOPLE	RES2-3	N/A	6R632	6R632Q	N/A	T2016 U2 UP	$120.77	DAY	
	RESIDENTIAL LEVEL 3 FOR 3 PEOPLE	RES3-3	N/A	6R633	6R633Q	N/A	T2016 U3 UP	$170.62	DAY	
	RESIDENTIAL LEVEL 4 FOR 3 PEOPLE	RES4-3	N/A	6R634	6R634Q	N/A	T2016 U4 UP	$242.10	DAY	
	RESIDENTIAL LEVEL 1 FOR 4 PEOPLE	RES1-4	N/A	6R641	6R641Q	N/A	T2016 U1 UQ	$62.81	DAY	
	RESIDENTIAL LEVEL 2 FOR 4 PEOPLE	RES2-4	N/A	6R642	6R642Q	N/A	T2016 U2 UQ	$79.25	DAY	
	RESIDENTIAL LEVEL 3 FOR 4 PEOPLE	RES3-4	N/A	6R643	6R643Q	N/A	T2016 U3 UQ	$96.25	DAY	
	RESIDENTIAL LEVEL 4 FOR 4 PEOPLE	RES4-4	N/A	6R644	6R644Q	N/A	T2016 U4 UQ	$185.55	DAY	
	RESIDENTIAL LEVEL 1 FOR 5-7 PEOPLE	RES1-5/7	N/A	6R651	6R651Q	N/A	T2016 U1 UR	$50.19	DAY	
	RESIDENTIAL LEVEL 2 FOR 5-7 PEOPLE	RES2-5/7	N/A	6R652	6R652Q	N/A	T2016 U2 UR	$57.81	DAY	
	RESIDENTIAL LEVEL 3 FOR 5-7 PEOPLE	RES3-5/7	N/A	6R653	6R653Q	N/A	T2016 U3 UR	$72.49	DAY	
	RESIDENTIAL LEVEL 4 FOR 5-7 PEOPLE	RES4-5/7	N/A	6R654	6R654Q	N/A	T2016 U4 UR	$116.53	DAY	
	INTENSIVE BEHAVIORAL RESIDENTIAL LEVEL 6-3 PERSON	IBRS 6-3	N/A	6R736	6R736Q	N/A	H0019 U6 UA	$513.58	DAY	**Cannot be paired with Day, BA, BS pr SNADJ..... .....Disregard TennCare Remittance description: "Alcohol & Drug "**
	INTENSIVE BEHAVIORAL RESIDENTIAL LEVEL 6-4 PERSON	IBRS 6-4	N/A	6R746	6R746Q	N/A	H0019 U4 UA	$470.74	DAY	
	RESIDENTIAL LEVEL 1 FOR 8+ PEOPLE	RES1-8+	N/A	6R681	6R681Q	N/A	T2016 U1 HQ	$40.76	DAY	

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	RESIDENTIAL LEVEL 2 FOR 8+ PEOPLE	RES2-8+	N/A	6R682	6R682Q	N/A	T2016 U2 HQ	$52.66	DAY	
	RESIDENTIAL LEVEL 3 FOR 8+ PEOPLE	RES3-8+	N/A	6R683	6R683Q	N/A	T2016 U3 HQ	$61.14	DAY	
	RESIDENTIAL LEVEL 4 FOR 8+ PEOPLE	RES4-8+	N/A	6R684	6R684Q	N/A	T2016 U4 HQ	$95.90	DAY	
	RESIDENTIAL SPECIAL NEEDS ADJUSTMENT 5+	RSNDDJ5+	N/A	6R989	6R989Q	N/A	T2025	$20.00	DAY	
	RESIDENTIAL SPECIAL NEEDS ADJUSTMENT 4 OR LESS	RSNDDJ4-	N/A	6R999	6R999Q	N/A	T2025 TG	$35.00	DAY	NOT AVAILABLE FOR LEVEL 6 OR MEDICAL RESIDENTIAL
	INDIVIDUAL TRANSPORTATION SVS - DAILY (**PA, O&M, RESPITE - not available with BEHAVIOR RESPITE**)	TRANSP	N/A	6T611	6T611Q	9T611	T2002	$7.13	DAY	NOT for MEDICAL SERVICES, SCHOOL, WORK or DAY SERVICES
Need Semi-Independent license	SEMI-INDEPENDENT LIVING	SILS	N/A	N/A	N/A	9V311	T2032	$920.20	MONTHLY	SD WAIVER. ONLY 1-CP MTH Cannot be paired with PA, RESPITE OR SNADJ
	SUPPORTED LIVING LEVEL 1 INDIVIDUAL / COMPANION	SL1-IND-CM	N/A	6V611	6V611Q	N/A	T2031 U1	$178.13	DAY	
	SUPPORTED LIVING LEVEL 2 INDIVIDUAL	SL2-IND	N/A	6V612	6V612Q	N/A	T2031 U2	$208.81	DAY	
	SUPPORTED LIVING LEVEL 4 INDIVIDUAL	SL4-IND	N/A	6V614	6V614Q	N/A	T2033 U4	$470.74	DAY	
	SUPPORTED LIVING LEVEL 6 INDIVIDUAL	SL6-IND	N/A	6V616	6V616Q	N/A	T2033 U6	$754.47	DAY	
	SUPPORTED LIVING LEVEL 1 FOR 2 PEOPLE	SL1-2	N/A	6V621	6V621Q	N/A	T2033 U1 UN	$116.53	DAY	
	SUPPORTED LIVING LEVEL 2 FOR 2 PEOPLE	SL2-2	N/A	6V622	6V622Q	N/A	T2033 U2 UN	$150.08	DAY	
	SUPPORTED LIVING LEVEL 3 FOR 2 PEOPLE	SL3-2	N/A	6V623	6V623Q	N/A	T2033 U3 UN	$243.72	DAY	
	SUPPORTED LIVING LEVEL 4 FOR 2 PEOPLE	SL4-2	N/A	6V624	6V624Q	N/A	T2033 U4 UN	$286.00	DAY	
	SUPPORTED LIVING LEVEL 6 FOR 2 PEOPLE	SL6-2	N/A	6V626	6V626Q	N/A	T2033 U6 UN	$479.93	DAY	
	SUPPORTED LIVING LEVEL 1 FOR 3 PEOPLE	SL1-3	N/A	6V631	6V631Q	N/A	T2033 U1 UP	$81.47	DAY	
	SUPPORTED LIVING LEVEL 2 FOR 3 PEOPLE	SL2-3	N/A	6V632	6V632Q	N/A	T2033 U2 UP	$120.77	DAY	
	SUPPORTED LIVING LEVEL 3 FOR 3 PEOPLE	SL3-3	N/A	6V633	6V633Q	N/A	T2033 U3 UP	$170.62	DAY	
	SUPPORTED LIVING LEVEL 4 FOR 3 PEOPLE	SL4-3	N/A	6V634	6V634Q	N/A	T2033 U4 UP	$242.10	DAY	
	SUPPORTED LIVING LEVEL 1 INDIVIDUAL / SHIFT	SL1-IND-SH	N/A	6V711	6V711Q	N/A	T2033 U1	$192.97	DAY	
	SUPPORTED LIVING LEVEL 2 SHIFT INDIVIDUAL	SL2-IND-SH	N/A	6V712	6V712Q	N/A	T2033 U2	$269.40	DAY	
	SUPPORTED LIVING LEVEL 3 SHIFT INDIVIDUAL	SL3-IND-SH	N/A	6V713	6V713Q	N/A	T2033 U3	$305.72	DAY	
	SUPPORTED LIVING SPECIAL NEEDS ADJUSTMENT	SLSNADJ	N/A	6V999	6V999Q	N/A	T2025 TG	$35.00	DAY	NOT AVAILABLE FOR LEVEL 6 AND MEDICAL SUPPORTED LIVING
A	DEVELOPMENTAL INCENTIVE RES ONLY	DEV INC	5X113	N/A	N/A	N/A	N/A	$2,500.00	BY POLICY	
A	SPECIALIZED MEDICAL EQUIPMENT/SUPPLIES	MED EQUIP	N/A	6X715	6X715Q	9X715	T2029	$1.00	COST	Limited to $10,000 over 2 consecutive waiver years
A	ENVIRONMENTAL ACCESSIBILITY	ENV ACCESS	N/A	6X811	6X811Q	9X811	S5165 U1	$1.00	COST	Limited to $15,000 over 3 consecutive waiver years
A	ICF/MR 180 MODS	ICF180MODS	N/A	6X812	6X812Q	N/A	S5165 U2	$1.00	COST	
A	INITIAL ESTABLISHMENT	INTL ESTAB	5X317	N/A	N/A	N/A	N/A	$1.00	BY POLICY	
A	PERSONAL EMERGENCY RESPONSE INSTALLATION & TESTING	PER I&T	N/A	6X814	6X814Q	9X814	S5160	$1.00	COST	Not a provider Agency
A	PERSONAL EMERGENCY RESPONSE MONTHLY MONITORING	PER MM	N/A	6X815	6X815Q	9X815	S5161	$1.00	COST	
Limited to	SPEECH, LANGUAGE, HEARING 1	SLH1	N/A	6Z611	6Z611Q	9Z611	G0153 U4 GN	$17.40	QTRHR	
6 units	SPEECH, LANGUAGE, HEARING 2 - 46+MILES	SLH2	N/A	6Z612	6Z612Q	9Z612	G0153 U5 GN	$23.20	QTRHR	
per day	SPEECH, LANGUAGE, HEARING 3 - 76+ MILES	SLH3	N/A	6Z613	6Z613Q	9Z613	G0153 U6 GN	$26.23	QTRHR	
	SPEECH, LANGUAGE, HEARING 1 ASSESSMENT	SLH1ASMT	N/A	6Z621	6Z621Q	9Z621	S9128 U1 GN	$278.48	DAY	

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	SPEECH, LANGUAGE, HEARING 2 ASSESSMENT - 46+ MILES	SLH2ASMT	N/A	6Z622	6Z622Q	9Z622	S9128 U2 GN	$370.38	DAY	
	SPEECH, LANGUAGE, HEARING 3 ASSESSMENT - 76+ MILES	SLH3ASMT	N/A	6Z623	6Z623Q	9Z623	S9128 U3 GN	$416.33	DAY	Therapies cannot be
	SPEECH, LANGUAGE, HEARING 1 EQUIP ASSESS/TRAINING	SLH1ETASMT	N/A	6Z631	6Z631Q	9Z631	S9128 U1	$278.48	DAY	Concurrent
	SPEECH, LANGUAGE, HEARING 2 EQUIP ASSESS/TRAIN - 46+ MILES	SLH2ETASMT	N/A	6Z632	6Z632Q	9Z632	S9128 U2	$370.38	DAY	Including Nursing and
	SPEECH, LANGUAGE, HEARING 3 EQUIP ASSESS/TRAIN - 76+ MILES	SLH3ETASMT	N/A	6Z633	6Z633Q	9Z633	S9128 U3	$416.33	DAY	Behavior unless
	SPEECH, LANGUAGE, HEARING 1 EQUIP TRAINING	SLH1ET	N/A	6Z634	6Z634Q	9Z634	G0153 U4	$17.40	QTRHR	Medical Justification
	SPEECH, LANGUAGE, HEARING 2 EQUIP TRAIN - 46+ MILES	SLH2ET	N/A	6Z635	6Z635Q	9Z635	G0153 U5	$23.20	QTRHR	
	SPEECH, LANGUAGE, HEARING 3 EQUIP TRAIN - 76+ MILES	SLH3ET	N/A	6Z636	6Z636Q	9Z636	G0153 U6	$26.23	QTRHR	
	OCCUPATIONAL THERAPY 1	OT1	N/A	6Z711	6Z711Q	9Z711	G0152 U4 GO	$18.16	QTRHR	
	OCCUPATIONAL THERAPY 2 - 46+ MILES	OT2	N/A	6Z712	6Z712Q	9Z712	G0152 U5 GO	$24.21	QTRHR	
	OCCUPATIONAL THERAPY 3 - 76+ MILES	OT3	N/A	6Z713	6Z713Q	9Z713	G0152 U6 GO	$27.24	QTRHR	
	OCCUPATIONAL THERAPY 1 ASSESSMENT	OT1ASMT	N/A	6Z721	6Z721Q	9Z721	S9129 U1 GO	$290.59	DAY	
	OCCUPATIONAL THERAPY 2 ASSESSMENT - 46+ MILES	OT2ASMT	N/A	6Z722	6Z722Q	9Z722	S9129 U2 GO	$386.48	DAY	
	OCCUPATIONAL THERAPY 3 ASSESSMENT - 76+ MILES	OT3ASMT	N/A	6Z723	6Z723Q	9Z723	S9129 U3 GO	$434.43	DAY	
	OCCUPATIONAL THERAPY 1 EQUIPMENT ASSESS/TRAINING	OT1ETASMT	N/A	6Z731	6Z731Q	9Z731	S9129 U1	$290.59	DAY	
	OCCUPATIONAL THERAPY 2 EQUIP ASSESS/TRAIN - 46+ MILES	OT2ETASMT	N/A	6Z732	6Z732Q	9Z732	S9129 U2	$386.48	DAY	
	OCCUPATIONAL THERAPY 3 EQUIP ASSESS/TRAIN - 76+ MILES	OT3ETASMT	N/A	6Z733	6Z733Q	9Z733	S9129 U3	$434.43	DAY	
	OCCUPATIONAL THERAPY 1 EQUIPMENT TRAINING	OT1ET	N/A	6Z734	6Z734Q	9Z734	G0152 U4	$18.16	QTRHR	
	OCCUPATIONAL THERAPY 2 EQUIP TRAIN - 46+ MILES	OT2ET	N/A	6Z735	6Z735Q	9Z735	G0152 U5	$24.21	QTRHR	
	OCCUPATIONAL THERAPY 3 EQUIP TRAIN - 76+ MILES	OT3ET	N/A	6Z736	6Z736Q	9Z736	G0152 U6	$27.24	QTRHR	
	PHYSICAL THERAPY 1	PT1	N/A	6Z811	6Z811Q	9Z811	G0151 U4 GP	$18.91	QTRHR	
	PHYSICAL THERAPY 2 - 46+ MILES	PT2	N/A	6Z812	6Z812Q	9Z812	G0151 U5 GP	$25.22	QTRHR	
	PHYSICAL THERAPY 3 - 76+ MILES	PT3	N/A	6Z813	6Z813Q	9Z813	G0151 U6 GP	$28.25	QTRHR	
	PHYSICAL THERAPY 1 ASSESSMENT	PT1ASMT	N/A	6Z821	6Z821Q	9Z821	S9131 U1 GP	$302.70	DAY	
	PHYSICAL THERAPY 2 ASSESSMENT - 46+ MILES	PT2ASMT	N/A	6Z822	6Z822Q	9Z822	S9131 U2 GP	$402.59	DAY	
	PHYSICAL THERAPY 3 ASSESSMENT - 76+ MILES	PT3ASMT	N/A	6Z823	6Z823Q	9Z823	S9131 U3 GP	$452.53	DAY	
	PHYSICAL THERAPY 1 EQUIPMENT ASSESSMENT/TRAINING	PT1ETASMT	N/A	6Z831	6Z831Q	9Z831	S9131 U1	$302.70	DAY	
	PHYSICAL THERAPY 2 EQUIP ASSESST/TRAINING - 46+ MILES	PT2ETASMT	N/A	6Z832	6Z832Q	9Z832	S9131 U2	$402.59	DAY	
	PHYSICAL THERAPY 3 EQUIP ASSESS/TRAINING - 76+ MILES	PT3ETASMT	N/A	6Z833	6Z833Q	9Z833	S9131 U3	$452.53	DAY	
	PHYSICAL THERAPY 1 EQUIPMENT TRAINING	PT1ET	N/A	6Z834	6Z834Q	9Z834	G0151 U4	$18.91	QTRHR	
	PHYSICAL THERAPY 2 EQUIP TRAINING - 46+ MILES	PT2ET	N/A	6Z835	6Z835Q	9Z835	G0151 U5	$25.22	QTRHR	
	PHYSICAL THERAPY 3 EQUIP TRAINING - 78+ MILES	PT3ET	N/A	6Z836	6Z836Q	9Z836	G0151 U6	$28.25	QTRHR	
	ORIENTATION & MOBILITY 1	OM1	N/A	6Z911	6Z911Q	9Z911	H2014 U1 TS	$16.39	QTRHR	
	ORIENTATION & MOBILITY 2 - 46+ MILES	OM2	N/A	6Z912	6Z912Q	9Z912	H2014 U2 TS	$21.44	QTRHR	
	ORIENTATION & MOBILITY 3 - 76+ MILES	OM3	N/A	6Z913	6Z913Q	9Z913	H2012 U3 TS	$24.46	QTRHR	
	ORIENTATION & MOBILITY 1 ASSESSMENT	OM1ASMT	N/A	6Z921	6Z921Q	9Z921	V2799 U3	$262.34	DAY	
	ORIENTATION & MOBILITY 2 ASSESSMENT - 46+ MILES	OM2ASMT	N/A	6Z922	6Z922Q	9Z922	V2799 U4	$343.06	DAY	
	ORIENTATION & MOBILITY 3 ASSESSMENT - 76+ MILES	OM3ASMT	N/A	6Z923	6Z923Q	9Z923	V2799 U5	$391.49	DAY	
The total	NUTRITION 1	NUTR1	N/A	6Z511	6Z511Q	9Z511	S9470 U1 TS	$78.39	VISIT	
of all	NUTRITION 2 - 46+ MILES	NUTR2	N/A	6Z512	6Z512Q	9Z512	S9470 U2 TS	$130.14	VISIT	
Nutrition	NUTRITION 3 - 76+ MILES	NUTR3	N/A	6Z513	6Z513Q	9Z513	S9470 U3 TS	$164.63	VISIT	
Services	NUTRITION 1 ASSESSMENT	NUTR1ASMT	N/A	6Z521	6Z521Q	9Z521	S9470 U1	$209.06	VISIT	Only 1 nutrition

Ancillary form	SERVICE	SHORT NAME	State Cost Center	Main Waiver Cost Centers	Arlington Waiver Cost Centers	Self Determination Waiver	TENNCARE WAIVERS HCPCS Code	RATE	UNIT TYPE	
is limited to	NUTRITION 2 ASSESSMENT - 46+ MILES	NUTR2ASMT	N/A	6Z522	6Z522Q	9Z522	S9470 U2	$278.05	VISIT	assessment of any
T2016 U2 UP	NUTRITION 3 ASSESSMENT - 76+ MILES	NUTR3ASMT	N/A	6Z523	6Z523Q	9Z523	S9470 U3	$312.54	VISIT	kind per waiver year
A	VISION - ARLINGTON WAIVER ONLY (billed by allowable procedure)	VISION	N/A	N/A		N/A	N/A	$1.00		
A	ADULT DENTAL -- Billed by allowable procedure code maximum	DENTAL	N/A							Limited to $5,000 per yr / $7,500 over 3 consecutive waiver years
	A = Documentation is submitted to Regional Office for Review. Agency does not bill. Regional Office submits billing.									

OUT OF STATE SERVICES - up to 14 days per year for Res Hab, Family Model, Medical Res, PA, Supported Living as included in the plan of care - For Visiting Relatives or Vacations --Trips to Casinos or other Gambling establishments excluded. Must have prior approval of DIDD and bill separately.

INDEPENDENT AUDIT -- Providers receiving $500,000 or more in aggregate state and federal funds must obtain an independent audit of the organization. Copies of this audit must be submitted to the Tennessee Office of the Comptroller and to the DIDD Central Office.