

# Katie Beckett Program Service Charts

## Katie Beckett Part A Services Chart - HCPCS

Benefits	HCPCS/Modifier	Revenue Code	Code Descriptions per HCPCS/CPT Coding Manual	Lay Description	Rates Effective 7/1/25	Limits
Community Integration Support Services	T2021 T2021 U1 T2021 U1 UA T2021 U1 V1 T2028 U1	969	Day habilitation, waiver; per 15 minutes  Specialized supply, NOS, waiver	T2021 and T2021 with modifiers to be used for services provided.  T2028 to be used for cost of registration, materials and supplies for participation in classes, conferences, or club/association dues. Allowable costs are maximums.	T2021 = 1:1 ratio \$8.35/quarter hr  T2021 U1 V1 = 1:2 ratio \$6.10/quarter hr  T2021 U1 UA = 1:3 ratio \$4.32/quarter hr  T2028 U1= Max \$500/yr	Max 20 hours per week in combination with other non-res hab services
Community Transportation	T2002 T2002 V1 T2003 UC T2003 UC V1	960	Non-emergency transportation; per diem  Non-emergency transportation, encounter	T2002 - Non-emergency transportation; per diem (for provider agency use only)  T2003 UC - to be authorized when reimbursing fare for use of public transit, taxi, paying someone for gas, etc. (monthly transportation budget). This code does not mean reimbursement is only made to a CD worker, it means the member is consumer directing this budgeted amount.	T2002 V1 = \$7.50  T2003 UC V1 = Max \$225/month	Cost should be determined prior to authorization and the lesser of the two expenses must be used.
Assistive Technology, Adaptive Equipment and Supplies	T2029 U4 T2029 U4 UD 97755 97535	590	Specialized medical equipment, NOS, waiver			Up to \$5,000 per calendar year

Benefits	HCPSC/Modifier	Revenue Code	Code Descriptions per HCPSC/CPT Coding Manual	Lay Description	Rates Effective 7/1/25	Limits
Minor Home Modifications	S5165 S5165 UD	590	Home modifications; per service			\$6,000/project; \$10,000/per calendar year; \$20,000/lifetime
Respite	S5150 UA S5150 UC S5150 UC V1 S9125 UA S9125 UB	660	Unskilled respite care, not hospice; per 15 minutes  Respite care, in the home; per diem	Respite to be provided in a person's home or home of respite worker, not a group residential setting.  Modifiers for multiple services in one day (for use with S5150 only):U1 (1st Repeat Service), U2 (2nd Repeat Service), U3 (3rd Repeat Service), U4 (4th Repeat Service) and U5 (5th Repeat Service) can be reported.  <b>For CD only</b> , if overtime is worked, add TU modifier.  Daily Respite is NOT available in CD.	\$6.59/quarter hr  For CD Rates see CD Tab  S9125 UA = 8 -16 hrs = \$144.61/day  S9125 UB = >16 = \$251.05/day	216 hours/year <b>OR</b> 30 days/year
Individual Education and Training	T2012	969	Habilitation, education, waiver; per diem	Units to be billed per pre-authorized occurrence of expense.	\$0.00	\$500/year
Supportive Home Care (SHC)	T1019 U2T1019 UC	570	Personal care; per 15 minutes	To be authorized in same manner as Personal Assistance. NOTE: If multiple visits per day are necessary, utilize U1, U3, U4, U5 - skip U2 as it is already the associated modifier.For CD only, if overtime is worked, add TU modifier	\$6.59/quarter hr For CD Rates see CD Tab	As authorized in the approved PCSP, the combined cost of all HCBS cannot exceed \$15,000 per child per year.
Family to Family Support			Habilitation services; NOS	There will be no claims or encounter submission requirements for this service. Reporting requirements will be forthcoming.	\$5/PMPM	\$5/PMPM
Community Support Development, Organization and Navigation	T2025 U5 UA	969	Waiver services, NOS	Authorized as a monthly unit.	\$100 PMPM	
Family Caregiver Education and Training	T2012 UA	969	Habilitation, education, waiver; per diem	Units to be billed per pre-authorized occurrence of expense.		\$500 per calendar year

Benefits	HCPSC/Modifier	Revenue Code	Code Descriptions per HCPSC/CPT Coding Manual	Lay Description	Rates Effective 7/1/25	Limits
Decision Making Supports	T2025 U1 SE T2025 U2 SE	969	Waiver services, NOS and State and/or federally funded program/service	T2025 U1 SE = Information/education session (\$25/hour - individual face to face, not group setting). Must complete this one before can utilize lawyer.  T2025 U2 SE = Lawyer fees: Typical billable rate up to a max of \$250	T2025 U1 SE = \$25/hour  T2025 U2 SE = see note on left	\$500/lifetime; information/education session required in order to access other service components
Health insurance counseling/forms assistance	T2025 SE	969	Waiver services, NOS and State and/or federally funded program/service		\$25/hour	15 hours per calendar year
Vehicle Modifications	T2039 UC	590	Vehicle modifications, wavier; per service			Up to \$10,000 per calendar year; \$20,000 per lifetime
Premium Assistance	T2025 UA, SE, UC	969	Waiver services, NOS and State and/or federally funded program/service	Units to be billed per pre-authorized occurrence of expense.	0	No service limit, but any MCC Paid amount will count toward the annual service limit for the recipient.

### Katie Beckett Part B Services Chart - HCPSC

Benefits	HCPSC/Modifier	Revenue Code	Code Descriptions per HCPSC/CPT Coding Manual	Lay Description	Rates Effective 7/1/25	Limits
Community Integration Support Services	T2021 T2021 U1 T2021 U1 UA T2021 U1 V1 T2028 U1	969	Day habilitation, waiver; per 15 minutes	T2021 and T2021 with modifiers to be used for services provided.	T2021 = 1:1 ratio \$8.35/quarter hr.  T2021 U1 V1 = 1:2 ratio \$6.10/quarter hr.	Max 20 hours per week in combination with other non-res hab services; 30 hours in combination with other non-res hab services if receiving

Benefits	HCPCS/Modifier	Revenue Code	Code Descriptions per HCPCS/CPT Coding Manual	Lay Description	Rates Effective 7/1/25	Limits
					T2021 U1 UA = 1:3 ratio \$4.32/quarter hr.  T2028 U1= Max \$500/yr	at least one employment service; 40 hrs in combination with other non-res hab if working in individual integrated employment; 50 if employed at least 30 hours in individual integrated employment.
Community Transportation	T2002 T2002 U2 T2002 U4 T2002 V1 T2003 UC T2003 UC V1	960	Non-emergency transportation; per diem Non-emergency transportation, encounter	T2002 - Non-emergency transportation; per diem (for provider agency use only)  T2003 UC - to be authorized when reimbursing fare for use of public transit, taxi, paying someone for gas, etc. (monthly transportation budget). This code does not mean reimbursement is only made to a CD worker, it means the member is consumer directing this budgeted amount.	T2002 V1= \$7.50 (Wrap Around Provider)  T2002 U2 = \$18/trip Community Activities (stand alone)  T2002 U4 = \$22/trip Community Activities (stand alone) Wheelchair  T2003 UC V1 = Max \$225/month	Max of 6 one-way trips per week (one per day) for integrated community activities other than employment
Assistive Technology, Adaptive Equipment and Supplies	T2029 U4 97755 97535	590	Specialized medical equipment, NOS, waiver			\$5,000/year
Minor Home Modifications	S5165	590	Home modifications; per service			\$6,000/project; \$10,000/year; \$20,000/lifetime
Respite	S5150 UA S5150 UC S5150 UC V1	660	Unskilled respite care, not hospice; per 15 minutes	Respite to be provided in a person's home or home of respite worker, not a group	S5150 UA = \$6.59/quarter hr.	216 hours/year <b>OR</b> 30 days/year

Benefits	HCPCS/Modifier	Revenue Code	Code Descriptions per HCPCS/CPT Coding Manual	Lay Description	Rates Effective 7/1/25	Limits
	S9125 UA S9125 UB H0045 UA H0045 UB		Respite care, in the home; per diem  Respite services, not in the home; per diem	residential setting.  For CD only, if overtime is worked, add TU modifier. Daily Respite is NOT available in CD.	For CD Rates see CD Tab  S9125 UA = 8 -16 hrs. = \$144.61/day  S9125 UB = >16 = \$251.05/day  H0045 UA = 8-16 hrs. = \$144.61/day  H0045 UB = >16 = \$251.05/day	
Individual Education and Training	T2012	969	Habilitation, education, waiver; per diem	Units to be billed per pre-authorized occurrence of expense.	\$0.00	\$500/year
Supportive Home Care (SHC)	T1019 U2 T1019 UC	570	Personal care; per 15 minutes	To be authorized in same manner as Personal Assistance.	\$6.59/quarter hr. For CD Rates see CD Tab	Subject to expenditure cap.
Family Caregiver Education and Training	T2012 UA	969	Habilitation, education, waiver; per diem	Units to be billed per pre-authorized occurrence of expense.		\$500/year
Decision Making Supports	T2025 U1 SE T2025 U2 SE	969	Waiver services, NOS and State and/or federally funded program/service	T2025 U1 SE = Information/education session (\$25/hour - individual face to face, not group setting). Must complete this one before can utilize lawyer.  T2025 U2 SE = Lawyer fees: Typical billable rate up to a max of \$250	T2025 U1 SE = \$25/hour T2025 U2 SE = see note on left	\$250/lifetime; information/education session required) in order to access other service components  Lawyer Fee Bucket (Information Education Session Required)
Health insurance counseling/forms assistance	T2025 SE	969	Waiver services, NOS and State and/or federally funded program/service		\$25/hour	15 hours/year

Benefits	HCPCS/Modifier	Revenue Code	Code Descriptions per HCPCS/CPT Coding Manual	Lay Description	Rates Effective 7/1/25	Limits
Vehicle Modifications	T2039	279	Vehicle modifications, wavier; per service		Up to \$10,000 per calendar year; \$20,000 per lifetime	No
Premium Assistance	T2025 UA, SE	969	Waiver services, NOS and State and/or federally funded program/service	Units to be billed per pre-authorized occurrence of expense.	\$0.00	No service limit, but any MCC Paid amount will count toward the annual service limit for the recipient.
Non-traditional Therapy	97129 UF 97129 UG 97129 UH 97129 UJ	969	Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g., managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact; <b>initial 15 minutes</b>	Non-traditional therapies (equine, music, etc.) provided in 15-minute increments  Use the following modifiers with 97127 to specify time of day: UF - Morning (6a-11:59a) UG - Afternoon (Noon-5:59p) UH - Evening (6p-11:59p) UJ - Night (12a-5:59a)	\$0.00	No service limit, but any MCC Paid amount will count toward the annual service limit for the recipient.
Healthcare Spending Account (HSA)	T2025 UB, SE	969	Waiver services, NOS and State and/or federally funded program/service	Automated health care and related expenses reimbursement	\$0.00	No service limit, but any MCC Paid amount will count toward the annual service limit for the recipient.

### KBA Consumer Direction

Consumer Directed Service Rates	HCPCS	New worker Rate effective 7/1/25	New billable rate effective 7/1/25	New Quarter hour rate effective 7/1/25
<b>Respite</b>	S5150 UC	12.07	13.30	3.32
	S5150 UC V1	15.09	16.62	4.16
		18.10	19.94	4.99
		18.59	20.48	5.12
		18.93	20.86	5.21
<b>Supportive Home Care</b>	T1019 UC	10.21	11.25	2.81
		12.77	14.06	3.52
		15.32	16.88	4.22
		16.60	18.28	4.57
		17.88	19.69	4.92
		19.16	21.10	5.27

### KBB Consumer Direction

Service	HCPCS	New worker Rate effective 7/1/24	New billable rate effective 7/1/24	New Quarter hour rate effective 7/1/24	New worker Rate effective 7/1/25	New billable rate effective 7/1/25	New Quarter hour rate effective 7/1/25
<b>Respite</b>	S5150 UC	11.91	13.08	3.27	12.07	13.30	3.32
	S5150 UC V1	14.86	16.32	4.08	15.09	16.62	4.16
		17.85	19.60	4.90	18.10	19.94	4.99
		18.29	20.08	5.02	18.59	20.48	5.12
		18.62	20.44	5.11	18.93	20.86	5.21
<b>Supportive Home Care</b>	T1019 UC	10.05	11.03	2.76	10.21	11.25	2.81
		12.57	13.80	3.45	12.77	14.06	3.52
		15.12	16.60	4.15	15.32	16.88	4.22
		16.36	17.96	4.49	16.60	18.28	4.57
		17.63	19.36	4.84	17.88	19.69	4.92
		18.87	20.72	5.18	19.16	21.10	5.27