Commonwealth of Virginia

Department of Medical Assistance Services

Commonwealth Coordinated Care Plus Waiver

National Code	Location	Modifier	Code Description	Rates Effective 7/1/2021	Rates With Temporary Increase Effective 7/1/2021	Rate Effective	Units
Medical Suppor				,,,			
H2021	NOVA	TD	PERS Nursing Services/RN	\$14.85	\$14.85	\$14.85	30 minutes
H2021	ROS	TD	PERS Nursing Services/RN	\$12.13	\$12.13	\$12.13	30 minutes
H2021	NOVA	TE	PERS Nursing Services/LPN	\$12.87	\$12.87	\$12.87	30 minutes
H2021	ROS	TE	PERS Nursing Services/LPN	\$10.15	\$10.15	\$10.15	30 minutes
\$5102	NOVA	16	Adult Day Health Care	\$61.60	\$69.30****	\$69.30****	Per Diem
	ROS	-	Adult Day Health Care	-	\$64.17****	\$64.17****	
S5102			PERS Installation	\$57.04			Per Diem
S5160	NOVA			\$58.41	\$58.41	\$58.41	Per Visit
S5160	ROS		PERS Installation	\$49.50	\$49.50	\$49.50	Per Visit
S5160	NOVA	U1	PERS Installation and Medication Monitoring	\$87.62	\$87.62	\$87.62	Per Visit
S5160	ROS	U1	PERS Installation and Medication Monitoring	\$74.25	\$74.25	\$74.25	Per Visit
S5161	NOVA		PERS Monitoring	\$35.05	\$35.05	\$35.05	Month
S5161	ROS		PERS Monitoring	\$29.70	\$29.70	\$29.70	Month
S5185	NOVA		PERS Medication Monitoring	\$58.41	\$58.41	\$58.41	Month
S5185	ROS		PERS Medication Monitoring	\$49.50	\$49.50	\$49.50	Month
S9125	NOVA	TD	Private Duty Respite- RN	\$48.64	\$54.72****	\$81.62	Hour
\$9125	ROS	TD	Private Duty Respite- RN	\$38.50	\$43.31****	\$71.29	Hour
S9125	NOVA	TE	Private Duty Respite- LPN	\$35.26	\$39.67****	\$63.43	Hour
S9125	ROS	TE	Private Duty Respite- LPN	\$28.66	\$32.24****	\$52.40	Hour
T1000	NOVA	U1	Congregate Nursing/RN	\$29.39	\$33.06****	\$46.95	Hour
T1000	ROS	U1	Congregate Nursing/RN	\$23.63	\$26.58****	\$42.53	Hour
T1001	NOVA	U1	Congregate Nursing/LPN	\$22.13	\$24.90****	\$36.93	Hour
T1001	ROS	U1	Congregate Nursing/LPN	\$19.35	\$24.30 \$21.77****	\$31.55	Hour
T1001	NOVA	01	Private Duty Nursing Services/RN				
				\$48.64	\$54.72****	\$81.62	Hour
T1002	ROS		Private Duty Nursing Services/RN	\$38.50	\$43.31****	\$71.29	Hour
T1003	NOVA	-	Private Duty Nursing Services/LPN	\$35.26	\$39.67****	\$63.43	Hour
T1003	ROS		Private Duty Nursing Services/LPN	\$28.66	\$32.24****	\$52.40	Hour
T1030	NOVA	TD	Congregate Respite Nursing/RN	\$29.39	\$33.06****	\$46.95	Hour
T1030	ROS	TD	Congregate Respite Nursing/RN	\$23.63	\$26.58****	\$42.53	Hour
T1031	NOVA	TE	Congregate Respite Nursing/LPN	\$22.13	\$24.90****	\$36.93	Hour
T1031	ROS	TE	Congregate Respite Nursing/LPN	\$19.35	\$21.77****	\$31.55	Hour
Personal Care a	nd Relate	d Services					
\$5126	NOVA		Consumer Directed Personal Assistance/Attendant Care	\$13.60	\$15.30****	\$17.27	Hour
			Consumer Directed Personal Assistance/Attendant				
S5126	ROS		Care	\$10.50	\$11.81****	\$13.34	Hour
S5150	NOVA		Consumer-Directed Respite Services	\$13.60	\$15.30****	\$17.27	Hour
S5150	ROS		Consumer-Directed Respite Services	\$10.50	\$11.81****	\$13.34	Hour
T1005	NOVA		Respite Care	\$18.02	\$20.27****	\$22.88	Hour
T1005	ROS		Respite Care	\$15.31	\$17.22****	\$19.44	Hour
			Personal Care	-		\$22.88	Hour
11019	NOVA			518.02	520.27****		
T1019 T1019	NOVA ROS			\$18.02 \$15.31	\$20.27**** \$17 22****		Hour
T1019	ROS		Personal Care	\$18.02 \$15.31	\$20.27**** \$17.22****	\$19.44	Hour
	ROS	U4		\$15.31			Hour Per Item/Request
T1019 Additional Opti 99199	ROS ions	U4	Personal Care Environmental Modifications, Maintenance Costs Only	\$15.31 IC	\$17.22**** IC	\$19.44 IC	Per Item/Request
T1019 Additional Opti 99199 99509	ROS ons NOVA	U4	Personal Care Environmental Modifications, Maintenance Costs Only Service Facilitation Routine Visit	\$15.31 IC \$72.41	\$17.22**** IC \$81.46****	\$19.44 IC \$81.46****	Per Item/Request Per Visit
T1019 Additional Opti 99199 99509 99509	ROS ons NOVA ROS	U4	Personal Care Environmental Modifications, Maintenance Costs Only Service Facilitation Routine Visit Service Facilitation Routine Visit	IC \$72.41 \$55.69	\$17.22**** IC \$81.46**** \$62.65****	\$19.44 IC \$81.46**** \$62.65****	Per Item/Request Per Visit Per Visit
T1019 Additional Opti 99199 99509 99509 A0120	ROS ons NOVA ROS NOVA	U4	Personal Care Environmental Modifications, Maintenance Costs Only Service Facilitation Routine Visit Service Facilitation Routine Visit Adult Day Health Care (per trip)	\$15.31 IC \$72.41 \$55.69 \$1.98	\$17.22**** IC \$81.46**** \$62.65**** \$1.98	\$19.44 IC \$81.46**** \$62.65**** \$1.98	Per Item/Request Per Visit Per Visit Per Trip
T1019 Additional Opti 99199 99509 99509 A0120 A0120	ROS ons NOVA ROS NOVA ROS	U4	Personal Care Environmental Modifications, Maintenance Costs Only Service Facilitation Routine Visit Service Facilitation Routine Visit Adult Day Health Care (per trip) Adult Day Health Care (per trip)	\$15.31 IC \$72.41 \$55.69 \$1.98 \$1.98	\$17.22**** IC \$81.46**** \$62.65**** \$1.98 \$1.98	\$19.44 IC \$81.46**** \$62.65**** \$1.98 \$1.98	Per Item/Request Per Visit Per Visit Per Trip Per Trip
T1019 Additional Opti 99199 99509 99509 A0120 A0120 H2000	ROS ions NOVA ROS NOVA ROS NOVA	U4	Personal Care Environmental Modifications, Maintenance Costs Only Service Facilitation Routine Visit Service Facilitation Routine Visit Adult Day Health Care (per trip) Adult Day Health Care (per trip) Service Facilitation Initial Comprehensive Visit	\$15.31 IC \$72.41 \$55.69 \$1.98 \$1.98 \$232.78	\$17.22**** IC \$81.46**** \$62.65**** \$1.98 \$1.98 \$261.88****	\$19.44 IC \$81.46**** \$62.65**** \$1.98 \$1.98 \$261.88****	Per Item/Request Per Visit Per Visit Per Trip Per Trip Per Visit
T1019 Additional Opti 99199 99509 99509 A0120 A0120 H2000 H2000	ROS ons NOVA ROS NOVA ROS	U4	Personal Care Environmental Modifications, Maintenance Costs Only Service Facilitation Routine Visit Service Facilitation Routine Visit Adult Day Health Care (per trip) Adult Day Health Care (per trip) Service Facilitation Initial Comprehensive Visit Service Facilitation Initial Comprehensive Visit	\$15.31 IC \$72.41 \$55.69 \$1.98 \$1.98 \$232.78 \$179.33	\$17.22**** IC \$81.46**** \$62.65**** \$1.98 \$1.98 \$261.88**** \$201.75****	\$19.44 IC \$81.46**** \$62.65**** \$1.98 \$1.98 \$261.88**** \$201.75****	Per Item/Request Per Visit Per Visit Per Trip Per Trip Per Visit Per Visit
T1019 Additional Opti 99199 99509 99509 A0120 A0120 H2000 H2000 H2015	ROS ons NOVA ROS NOVA ROS NOVA ROS	U4	Personal Care Environmental Modifications, Maintenance Costs Only Service Facilitation Routine Visit Service Facilitation Routine Visit Adult Day Health Care (per trip) Adult Day Health Care (per trip) Service Facilitation Initial Comprehensive Visit Service Facilitation Initial Comprehensive Visit Transition Coordination	\$15.31 IC \$72.41 \$55.69 \$1.98 \$1.98 \$232.78 \$179.33 \$323.24	\$17.22**** IC \$81.46**** \$62.65**** \$1.98 \$1.98 \$261.88**** \$201.75**** \$363.65****	\$19.44 IC \$81.46**** \$62.65**** \$1.98 \$1.98 \$1.98 \$261.88**** \$201.75**** \$363.65****	Per Item/Request Per Visit Per Visit Per Trip Per Trip Per Visit Per Visit Per Visit
T1019 Additional Opti 99199 99509 99509 A0120 A0120 H2000 H2000 H2015 S5109	ROS ions NOVA ROS NOVA ROS NOVA ROS NOVA	U4	Personal Care Environmental Modifications, Maintenance Costs Only Service Facilitation Routine Visit Service Facilitation Routine Visit Adult Day Health Care (per trip) Adult Day Health Care (per trip) Service Facilitation Initial Comprehensive Visit Service Facilitation Initial Comprehensive Visit Transition Coordination Service Facilitation Consumer Training Visit	\$15.31 IC \$72.41 \$55.69 \$1.98 \$1.98 \$232.78 \$179.33 \$323.24 \$231.67	\$17.22**** IC \$81.46**** \$62.65**** \$1.98 \$1.98 \$261.88**** \$201.75**** \$363.65**** \$260.63****	\$19.44 IC \$81.46**** \$62.65**** \$1.98 \$1.98 \$261.88**** \$201.75**** \$363.65**** \$260.63****	Per Item/Request Per Visit Per Visit Per Trip Per Trip Per Visit Per Visit Per Visit Per Visit
T1019 Additional Opti 99199 99509 99509 A0120 A0120 H2000 H2000 H2015	ROS ons NOVA ROS NOVA ROS NOVA ROS	U4	Personal Care Environmental Modifications, Maintenance Costs Only Service Facilitation Routine Visit Service Facilitation Routine Visit Adult Day Health Care (per trip) Adult Day Health Care (per trip) Service Facilitation Initial Comprehensive Visit Service Facilitation Initial Comprehensive Visit Transition Coordination	\$15.31 IC \$72.41 \$55.69 \$1.98 \$1.98 \$232.78 \$179.33 \$323.24	\$17.22**** IC \$81.46**** \$62.65**** \$1.98 \$1.98 \$261.88**** \$201.75**** \$363.65****	\$19.44 IC \$81.46**** \$62.65**** \$1.98 \$1.98 \$1.98 \$261.88**** \$201.75**** \$363.65****	Per Item/Request Per Visit Per Visit Per Trip Per Trip Per Visit Per Visit Per Visit
T1019 Additional Opti 99199 99509 99509 A0120 A0120 H2000 H2000 H2015 S5109 S5109	ROS ions NOVA ROS NOVA ROS NOVA ROS NOVA		Personal Care Environmental Modifications, Maintenance Costs Only Service Facilitation Routine Visit Service Facilitation Routine Visit Adult Day Health Care (per trip) Adult Day Health Care (per trip) Service Facilitation Initial Comprehensive Visit Service Facilitation Initial Comprehensive Visit Transition Coordination Service Facilitation Consumer Training Visit	\$15.31 IC \$72.41 \$55.69 \$1.98 \$1.98 \$232.78 \$179.33 \$323.24 \$231.67	\$17.22**** IC \$81.46**** \$62.65**** \$1.98 \$1.98 \$261.88**** \$201.75**** \$363.65**** \$260.63****	\$19.44 IC \$81.46**** \$62.65**** \$1.98 \$1.98 \$261.88**** \$201.75**** \$363.65**** \$260.63****	Per Item/Request Per Visit Per Visit Per Trip Per Trip Per Visit Per Visit Per Visit Per Visit
T1019 Additional Opti 99199 99509 99509 A0120 A0120 H2000 H2000 H2015 S5109 S5109	ROS ons NOVA ROS NOVA ROS NOVA ROS NOVA ROS	U4	Personal Care Environmental Modifications, Maintenance Costs Only Service Facilitation Routine Visit Service Facilitation Routine Visit Adult Day Health Care (per trip) Adult Day Health Care (per trip) Service Facilitation Initial Comprehensive Visit Service Facilitation Initial Comprehensive Visit Transition Coordination Service Facilitation Consumer Training Visit Service Facilitation Consumer Training Visit	\$15.31 IC \$72.41 \$55.69 \$1.98 \$1.98 \$232.78 \$179.33 \$323.24 \$231.67 \$178.21	\$17.22**** IC \$81.46**** \$62.65**** \$1.98 \$1.98 \$261.88**** \$201.75**** \$363.65**** \$260.63**** \$200.49****	\$19.44 IC \$81.46**** \$62.65**** \$1.98 \$1.98 \$261.88**** \$201.75**** \$363.65**** \$260.63**** \$200.49****	Per Item/Request Per Visit Per Visit Per Trip Per Trip Per Visit Per Visit Per Visit Per Visit Per Visit
T1019 Additional Opti 99199 99509 99509 A0120 A0120 H2000 H2000 H2000 H2000 H2000 S5109 S5109 S5116	ROS ons NOVA ROS NOVA ROS NOVA ROS NOVA ROS NOVA	U4	Personal Care Environmental Modifications, Maintenance Costs Only Service Facilitation Routine Visit Service Facilitation Routine Visit Adult Day Health Care (per trip) Adult Day Health Care (per trip) Service Facilitation Initial Comprehensive Visit Service Facilitation Initial Comprehensive Visit Transition Coordination Service Facilitation Consumer Training Visit Service Facilitation Consumer Training Visit Service Facilitation Management Training Hours	\$15.31 IC \$72.41 \$55.69 \$1.98 \$1.98 \$232.78 \$179.33 \$323.24 \$231.67 \$178.21 \$28.96	\$17.22**** IC \$81.46**** \$62.65**** \$1.98 \$1.98 \$261.88**** \$201.75**** \$363.65**** \$200.49**** \$32.58****	\$19.44 IC \$81.46**** \$62.65**** \$1.98 \$1.98 \$261.88**** \$261.75**** \$363.65**** \$260.63**** \$260.63**** \$200.49****	Per Item/Request Per Visit Per Visit Per Trip Per Trip Per Visit Per Visit Per Visit Per Visit Per Visit Per Visit Per Visit
T1019 Additional Opti 99199 99509 99509 A0120 A0120 H2000 H2000 H2000 H2015 S5109 S5109 S5116 S5116	ROS ons NOVA ROS NOVA ROS NOVA ROS NOVA ROS NOVA	U4	Personal Care Environmental Modifications, Maintenance Costs Only Service Facilitation Routine Visit Service Facilitation Routine Visit Adult Day Health Care (per trip) Adult Day Health Care (per trip) Service Facilitation Initial Comprehensive Visit Service Facilitation Initial Comprehensive Visit Transition Coordination Service Facilitation Consumer Training Visit Service Facilitation Consumer Training Visit Service Facilitation Management Training Hours Service Facilitation Management Training Hours	\$15.31 IC \$72.41 \$55.69 \$1.98 \$1.98 \$1232.78 \$179.33 \$223.24 \$231.67 \$178.21 \$28.96 \$22.28	\$17.22**** IC \$81.46**** \$62.65**** \$1.98 \$1.98 \$261.88**** \$201.75**** \$363.65**** \$200.49**** \$200.49**** \$32.58**** \$25.07****	\$19.44 IC \$81.46**** \$62.65**** \$1.98 \$1.98 \$261.88**** \$201.75**** \$363.65**** \$260.63**** \$200.49**** \$32.58****	Per Item/Request Per Visit Per Visit Per Trip Per Visit Per Visit Per Visit Per Visit Per Visit Per Visit Per Visit Per Visit
T1019 Additional Opti 99199 99509 A0120 A0120 H2000 H2000 H2015 S5109 S5109 S5116 S5116 S5165	ROS ons NOVA ROS NOVA ROS NOVA ROS NOVA ROS	U4	Personal Care Environmental Modifications, Maintenance Costs Only Service Facilitation Routine Visit Service Facilitation Routine Visit Adult Day Health Care (per trip) Adult Day Health Care (per trip) Service Facilitation Initial Comprehensive Visit Service Facilitation Initial Comprehensive Visit Transition Coordination Service Facilitation Consumer Training Visit Service Facilitation Consumer Training Visit Service Facilitation Management Training Hours Service Facilitation Management Training Hours Service Facilitation Management Training Hours	\$15.31 IC \$72.41 \$55.69 \$1.98 \$1.98 \$232.78 \$232.78 \$232.78 \$232.24 \$231.67 \$178.21 \$28.96 \$22.28 IC	\$17.22**** IC \$81.46**** \$62.65**** \$1.98 \$1.98 \$261.88**** \$201.75**** \$363.65**** \$260.63**** \$200.49**** \$32.58**** \$22.07**** \$2.50**** C	\$19.44 IC \$81.46**** \$62.65**** \$1.98 \$1.98 \$261.88**** \$201.75**** \$363.65**** \$260.63**** \$200.49**** \$32.58**** \$25.07****	Per Item/Request Per Visit Per Visit Per Trip Per Visit Per Visit Per Visit Per Visit Per Visit Per Visit Per Visit Per Visit Per Visit Per Visit

Commonwealth of Virginia

Department of Medical Assistance Services

Commonwealth Coordinated Care Plus Waiver

					Rates With Temporary		
National Code	Location	Modifier		Effective		Rate Effective 1/1/2024	Units
T1999		U5	Assistive Technology, Maintenance Costs Only	IC	IC	IC	Per Item/Request
T2038			Transition Services	IC	IC	IC	Per Item/Request

Notes

IC = Individual Consideration

CD = Consumer Directed

NOVA = Northern Virginia ROS = Rest of State

*Costs are limited to \$5,000 per State Fiscal Year (SFY) for both codes combined under environmental modifications.

**Costs are limited to \$5,000 per State Fiscal Year (SFY) for both codes combined under assistive technology.

***Available within the first 9 months of transition to a qualified residence. Costs are limited to a one time cost of \$5,000.

****Please see the bulletins "Temporary Home and Community Based Services (HCBS) rate update effective July 1, 2021" and Developmental Disabilities (DD) Waiver Services and Home and Community Based Services (HCBS) Rate Updates – Effective July 1, 2022" for additional details.

Change Log Description

5% Personal Care rate increase effective 1/1/2024. (Procedure Codes S5126, S5150, S5135, S5136, T1005, and T1019).	1/1/2024	12/18/2023
	1, 1, 202 1	12, 10, 2020
Updated rates for S9125, T1000, T1001, T1002T1003, T1030, and T1031. Nursing rates were		
rebased and personal care received a 7.5% rate increase.	7/1/2022	7/13/2022
Temporary rate increase for procedure codes S5102, S9125, T1000, T1001, T1002,		
T1003, T1030, T1031, S5126, S5150, T1005, T1019, 99509, H2000, H2015, S5109,		
S5116, and T1028 retroactivly effective 7/1/2021 thru 6/30/2022.	7/1/2021	8/19/2021
Increased Skilled, Private Duty and Congregate Nursing services to 80% of the benchmark rate.		
Rates that were greater than or equal to 80% of the benchmark rate remained the same.		
(Procedure codes S9123, S9124, T1002, T1003, T1000, T1001, S9125, T1030, T1031, G0493, and		
G0494)	7/1/2021	3/26/2021
6.4% Personal Care rate increase effective May 1, 2021 (Procedure Codes S5126, S5150, S5135,		
S5136, T1005, and T1019).	5/1/2021	3/26/2021
5% Personal Care rate increase effective July 1, 2020 (Procedure Codes S5126, S5150, S5135,		
S5136, T1005, and T1019).	7/1/2020	3/24/2020
Removed Service Limits applicable to members in MFP.	12/31/2018	5/31/2019
Added CCC Plus waiver service limits for Environmental Modifications and Assistive Technology		
available 8/1/2017.	8/1/2017	5/31/2019
2% Personal Care rate increase effective July 1,2019 (Procedure Codes S5126, S5150, T1005, and		

Effective Date

Date Entered