ND QSP INDIVIDUAL AND AGENCY EXPLANTION OF BILLING CODES, REIMBURSEMENT RATES, AND RURAL DIFFERENTIAL RATES

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Individual QSPs- Explanation of Billing Codes

Service Name	Procedure Code	Rate	Special Instructions
Adult Day Care – Half Day	S5101	$80.38	Use this code to bill for adult day care services provided to an eligible client. Payment is based on the total hours of care provided: • Half-day rate: At least 3 hours, but fewer than 5 hours of care. Bill either a half-day or full-day rate based on the total hours of service provided. Providers may bill the daily rate beginning on the first day they are authorized to provide services. Providers may not hire or arrange for another person to provide care during the provider's absence from the home. The daily rate may be billed on the day a client is admitted to the hospital, swing-bed, or nursing facility, provided the client received services before leaving the home. To bill the daily rate, the provider must deliver at least one (1) consecutive hour of care on that day.
Adult Day Care – Full Day	S5101	$160.76	Use this code to bill for adult day care services provided to an eligible client. Payment is based on the total hours of care provided: • Full-day rate: At least 5 hours, but no more than 11 hours of care in one day. Bill either a half-day or full-day rate based on the total hours of service provided.

			Providers may bill the daily rate beginning on the first day they are authorized to provide services. Providers may not hire or arrange for another person to provide care during the provider's absence from the home. The daily rate may be billed on the day a client is admitted to the hospital, swing-bed, or nursing facility, provided the client received services before leaving the home. To bill the daily rate, the provider must deliver at least one (1) consecutive hour of care on that day.
Adult Foster Care	S5140	$160.74 Flat Rate	Use this code to bill for Adult Foster Care (AFC) services provided in a licensed AFC home. One (1) unit equals one day of service. • Payment may be billed for the day of admission to the AFC home, but not for the day of discharge. • Payment may not be billed for the day the client is admitted to the hospital or nursing facility. • Payment may be billed for the day the client returns to the AFC home from the hospital or nursing facility. • Payment may be billed for the day of the client's death if services were provided in the AFC home. Room and board costs cannot be included in the AFC daily rate. Providers may not hire or arrange for another person to provide care during the provider's absence. To bill the daily rate, the provider must deliver at least one (1) consecutive hour of care each day.

Chore Labor	S5120	$6.98	Use this code to bill for approved chore services, such as heavy or seasonal cleaning, provided in or around an eligible client's home. Bill only for the actual time spent performing authorized chores. One (1) unit equals 15 minutes of service. Services may be billed on the day a client is admitted to the hospital, swing-bed, or nursing facility, provided the client was in the home and received authorized services before leaving.
Chore - Lawn Care	S5120	$6.98	Use this code to bill for approved lawn care services provided to an eligible client. Bill only for the actual time spent completing authorized tasks. The reimbursement rate includes both the provider's labor and the equipment used. Covered services are limited to seasonal mowing, trimming, bagging, and disposal of grass clippings. Landscaping, fertilizing, and weed control are not covered. Lawn care may be billed once per week per eligible client. If the provider uses the client's equipment, the client must sign a statement granting permission. One (1) unit equals 15 minutes of service. Services may be billed on the day a client is admitted to the hospital, swing-bed, or nursing facility, provided the

			authorized services were delivered while the client was still at home.
Chore - Snow Removal	S5120	$6.98	Use this code to bill for approved snow removal services provided to an eligible client. Bill only for the actual time spent completing authorized tasks. The reimbursement rate includes both the provider's labor and the equipment used. Covered services are limited to shoveling driveways and sidewalks adjacent to the client's home. If the provider uses the client's equipment, the client must sign a statement granting permission. One (1) unit equals 15 minutes of service. Services may be billed on the day a client is admitted to the hospital, swing-bed, or nursing facility, provided the authorized services were delivered while the client was still at home.
Companionship Services	S5135-TF	$6.76 40 units a month	Use this code to bill for companionship services provided to an eligible client. This service does not include hands-on personal care or nursing services but may include verbal instruction or cueing. Homemaking tasks may only be billed when they are directly related to a companionship activity (for example, cleaning the kitchen after baking together). Do not bill for activity expenses such as movie tickets or admission fees.

			Friendly visiting is an allowable companionship activity but is limited to two (2) hours per week. One (1) unit equals 15 minutes of service. Providers must not be related to the c and must hold a cognitive endorsement. Services may be billed on the day a client is admitted to the hospital, swing-bed, or nursing facility, provided the client was in the home and received authorized services before leaving.
Extended Personal Care	S5115	$6.98	Use this code to bill for the time a Qualified Service Provider (QSP) spends completing extended personal care (PC) tasks as directed by a Registered Nurse (RN), including required documentation. This code must not be used when the task is performed by an RN or Licensed Practical Nurse (LPN). One (1) unit equals 15 minutes of service. Services may be billed on the day a client is admitted to the hospital, swing-bed, or nursing facility, provided the authorized services were delivered while the client was still at home.
Extended Personal Care - Nurse	S5115-TD	$15.95	Use this code to bill for the time a RN or LPN spends completing extended PC tasks as directed and documented by the RN. This code may not be used to bill for nurse education or when the task is performed by a non-nurse provider. Providers must hold a current, valid ND RN or LPN license, or a valid Nurse Licensure Compact (NLC) license.

			One (1) unit equals 15 minutes of service. Services may be billed on the day a client is admitted to the hospital, swing-bed, or nursing facility, provided the client was in the home and received services before leaving.
Family Home Care (FHC)	T2033	$77.69 Flat Rate	Use this code to bill for Family Home Care (FHC) services provided to an eligible relative. Services may not be billed for any day when the client is away from the home (for example, during hospitalization). Payment is not allowed for the day the client enters the hospital but may be billed for the day the client returns home. Payment may also be billed for services provided in the home on the day of death. Out-of-state services may not be billed unless approved by the Home and Community-Based Services (HCBS) Program Administrator. Span billing is not allowed. Providers may bill the daily rate beginning on the first day they are authorized to provide services. Providers may not hire or arrange for another person to provide care to the client during their absence from the home. To bill the daily rate, at least one (1) consecutive hour of care must be provided each day. One (1) unit equals 15 minutes of service.

Family Personal Care (FPC)	S5136	$165.98 Flat rate	Use this code to bill for Family Personal Care (FPC) services provided to an eligible relative. Services may not be billed for any day when the client is away from the home (for example, during hospitalization). Payment is not allowed for the day the client enters the hospital but may be billed for the day the client returns home. Payment may also be billed for services provided in the home on the day of death. Out-of-state services may not be billed unless approved by the HCBS Program Administrator. Span billing is not allowed. Providers may bill the daily rate beginning on the first day they are authorized to provide services. Providers may not hire or arrange for another person to provide care to the client during their absence from the home. To bill the daily rate, at least one (1) consecutive hour of care must be provided each day. One (1) unit equals 15 minutes of service.
Homemaker	S5130	$6.98 70 units max	Use this code to bill for homemaker services provided to an eligible client. Bill only for the actual time spent completing authorized tasks.

			All homemaking tasks must be completed in the client's home while the client is present, except for laundry and shopping. Laundry may be completed in the home or at a laundromat. Shopping must be completed in the community, and the eligible client may not accompany the provider. Travel time to and from the client's home for laundry or shopping may be included as billable time. One (1) unit equals 15 minutes of service. Services may be billed on the day a client is admitted to the hospital, swing-bed, or nursing facility, provided the authorized services were delivered while the client was still at home.
Non - Medical Transportation (Escort)	T2001-UC	$6.76	Use this code to bill when an eligible client requires human assistance to participate in non-medical transportation, including help boarding or existing a vehicle or public transit, and assistance to complete the activity for which transportation was authorized. Do not bill for travel time to or from the client's home or the final destination, or for transportation costs. Escort services and non-medical transportation may not be billed at the same time. Escort services may only be billed when the client is present and actively participating in the authorized activity. One (1) unit equals 15 minutes of service.

			Services may be billed on the day a client is admitted to the hospital, swing-bed, or nursing facility, provided the authorized services were delivered while the client was still at home.
Non - Medical Transportation (Local and Out of Town)	T2001	$9.67	Use this code to bill for transporting an eligible client to essential community services, such as the grocery store, pharmacy, or bank, using a private or agency-owned vehicle. Bill only for the time spent driving the client to the approved destination. This service may not be used for transportation to or from medical appointments. One (1) unit equals 15 minutes of service. Services may be billed on the day a client is admitted to the hospital, swing-bed, or nursing facility, provided the authorized services were delivered while the client was still at home.
Nurse Education Care	S5108	$15.95	Use this code to bill for time spent by a RN completing an assessment, developing the nursing plan of care, and educating QSPs on assigned tasks. This code must not be used to bill for the time spent performing extended PC tasks, even if completed by an RN or LPN. Providers must hold a current, valid ND RN or LPN license, or a valid NLC license. One (1) unit equals 15 minutes of service. Services may be billed on the day a client is admitted to the hospital, swing-bed, or nursing facility, provided the

			client was in the home and received services before leaving.
Personal Care- Daily - Medicaid State Plan (MSP)	T1020	$6.98 per unit cal. daily rate 1200 units per month	Use this code to bill for daily personal care provided by a live-in caregiver to a Medicaid State Plan (MSP) PC recipient. This service may not be provided by a spouse, legal guardian, or parent of a minor child. Services may be provided inside or outside the client's home when the eligible client is present. Billing for services outside the local trade area is allowed; however, any limitations must be discussed with the HCBS CM. Payment may not be billed for the day the client enters the hospital but may be billed for the day the client returns home. Payment may also be billed if in-home services are provided on the day of death. The number of services provided each calendar day must be documented on the billing record. Providers may bill the daily rate beginning on the first day they are authorized to provide services. Providers may not hire or arrange for another person to provide care to the client during their absence from the home. Span billing is not allowed. One (1) unit equals one day.
Personal Care- Daily – Service Payments for	T1020	$91.31 Flat Rate	Use this code to bill for daily PC provided by a live-in provider who is not related to the client receiving services.

the Elderly and Disabled (SPED)			Services may be provided inside or outside the client's home when the eligible client is present. Billing for services outside the local trade area is allowed; however, any limitations must be discussed with the HCBS CM. Payment may not be billed for the day the client enters the hospital but may be billed for the day the client returns home. Payment may also be billed if in-home services are provided on the day of death. The number of services provided each calendar day must be documented on the billing record. Span billing is not allowed. Providers may bill the daily rate beginning on the first day they are authorized to provide services. Providers may not hire or arrange for another person to provide care to the client during their absence from the home. To bill the daily rate, at least one (1) consecutive hour of care must be provided and documented each day. One (1) unit equals one day.
Personal Care - Unit Rate for SPED and MSP	T1019	$6.98 MSP 1200 units per month	Use this code to bill for personal care services provided for portions of a calendar day. Bill only for the actual time spent completing authorized tasks.

			PC may be provided inside or outside the client's home when the eligible client is present. Billing for services outside the local trade area is allowed; however, any limitations must be discussed with the HCBS CM. The number of services provided each calendar day must be documented on the billing record. One (1) unit equals 15 minutes of service. Services may be billed on the day a client is admitted to the hospital, swing-bed, or nursing facility, provided the client was in the home and received services before leaving.
Respite Care	S5150	$6.98 216 units a month	Use this code to bill for respite (short break) services provided to the primary caregiver. Bill only for the actual time spent delivering authorized services. Respite services must be provided in the eligible client's home or in an HCBS CM approved respite home. One (1) unit equals 15 minutes of service. Services may be billed on the day a client is admitted to the hospital, swing-bed, or nursing facility, provided the client was in the home and received services before leaving.
Supervision	S5135	$6.76	Use this code to bill for up to 24 hours of supervision provided to an eligible client in the client's home. Supervision must be provided by an awake provider.

			This service may not be billed during the same time period as personal care, homemaker, or any other services. Those services must be billed using the appropriate procedure code. Providers must have a cognitive endorsement. One (1) unit equals 15 minutes of supervision. Services may be billed on the day a client is admitted to the hospital, swing-bed, or nursing facility, provided the client was in the home and received services before leaving.
Waiver Personal Care – Daily	S5102	$6.98/unit cal. daily rate 10 hours per day	Use this code to bill for daily WPC and supervision provided by a live-in, non-relative provider. WPC and supervision may be provided inside or outside the client's home when the eligible client is present. Billing for services outside the local trade area is allowed; however, any limitations must be discussed with the HCBS CM. Out-of-state services may be provided with approval from the HCBS Program Administrator. The number of services provided each calendar day must be documented on the billing record. Providers may bill the daily rate beginning on the first day they are authorized to provide services.

			Providers may not hire or arrange for another person to provide care to the client during their absence from the home. To bill the daily rate, at least one (1) consecutive hour of care must be provided and documented each day. One (1) unit equals 15 minutes of service. Services may also be billed on the day a client is admitted to the hospital, swing-bed, or nursing facility, provided the client was in the home and received services before leaving.
Waiver Personal Care - Unit Rate	S5100	$6.98	Use this code to bill for waiver personal care (WPC) and supervision provided for portions of a calendar day. Bill only for the actual time spent completing authorized tasks. WPC and supervision may be provided inside or outside the client's home when the eligible client is present. Billing for services outside the local trade area is allowed; however, any limitations must be discussed with the HCBS CM. Out-of-state services may be provided with approval from the HCBS Program Administrator. The number of services provided each calendar day must be documented on the billing record. One (1) unit equals 15 minutes of service. Services may be billed on the day a client is admitted to the hospital, swing-bed, or nursing facility, provided the client was in the home and received services before leaving.

Home Delivered Meals	S5170	$10.17	Use this code to bill for one hot or frozen home-delivered meal (HDM) transported or delivered to an eligible client's home. One (1) unit equals one meal (hot or frozen). HDM providers may ship meals in bulk, typically every two weeks or once per month. Clients must meet eligibility requirements for HDMs on the date the meals are ordered.
Non-Medical Transportation (Encounter or Trip)	T2003	Per Trip	Use this code to bill for transporting an eligible client to and from an allowable destination that is included in the service authorization using a private or agency-owned vehicle. This service may not be used for transportation to or from medical appointments. One (1) unit equals one one-way ride.

Agency QSPs - Explanation of Billing Codes

Service Name	Procedure Code	Rate	Special Instructions
Adult Day Care – Half Day	S5101	$80.38	Use this code to bill for adult day care services provided to an eligible client. Payment is based on the total hours of care provided: • Half-day rate: At least 3 hours, but fewer than 5 hours of care. Bill either a half-day or full-day rate based on the total hours of service provided. Providers may bill the daily rate beginning on the first day they are authorized to provide services. Providers may not hire or arrange for another person to provide care during the provider's absence from the home. The daily rate may be billed on the day a client is admitted to the hospital, swing-bed, or nursing facility, provided the client received services before leaving the home. To bill the daily rate, the provider must deliver at least one (1) consecutive hour of care on that day.
Adult Day Care – Full Day	S5101	$160.76	adult day care services provided to an eligible client. Payment is based on the total hours of care provided: • Full-day rate: At least 5 hours, but no more than 11 hours of care in one day. Bill either a half-day or full-day rate based on the total hours of service provided. Providers may bill the daily rate beginning on the first day they are authorized to provide services.

			Providers may not hire or arrange for another person to provide care during the provider's absence from the home. The daily rate may be billed on the day a client is admitted to the hospital, swing-bed, or nursing facility, provided the client received services before leaving the home. To bill the daily rate, the provider must deliver at least one (1) consecutive hour of care on that day.
Adult Residential Care	T2031	At cost	This code covers care and supervision, routine transportation (when applicable), laundry, and housekeeping as needed by the client. Room and board costs are the responsibility of the eligible client and are not included in this payment. Payment may be billed for the day of admission to the facility but may not be billed for the day of discharge. This also applies to any full-day absence from the facility (for example, hospitalization or travel with family). Payment is not allowed for the day the client returns to the facility. Payment may be billed for services provided on the day of death if care was delivered at the facility. To bill the daily rate, at least one (1) consecutive hour of care must be provided and documented each day. Span billing is not allowed. One (1) unit equals one day.

Chore Labor	S5120	$9.59	Use this code to bill for approved chore services, such as heavy or seasonal cleaning, provided in or around an eligible client's home. Bill only for the actual time spent performing authorized chores. One (1) unit equals 15 minutes of service. Services may be billed on the day a client is admitted to the hospital, swing-bed, or nursing facility, provided the client was in the home and received authorized services before leaving.
Chore - Lawn Care	S5120	$9.59	Use this code to bill for approved lawn care services provided to an eligible client. Bill only for the actual time spent completing authorized tasks. The reimbursement rate includes both the provider's labor and the equipment used. Covered services are limited to seasonal mowing, trimming, bagging, and disposal of grass clippings. Landscaping, fertilizing, and weed control are not covered. Lawn care may be billed once per week per eligible client. If the provider uses the client's equipment, the client must sign a statement granting permission. One (1) unit equals 15 minutes of service. Services may be billed on the day a client is admitted to the hospital, swing-bed, or nursing facility, provided the authorized services were delivered while the client was still at home.

Chore - Pest Extermination, cleaning, and restoration	S5121	Per Job	Use this code to bill for professional pest extermination or cleaning and restoration services provided to an eligible client. The rate includes compensation for the provider's time as well as any equipment, cleaning supplies, or other materials used to complete the service. Services may be billed on the day a client is admitted to the hospital, swing-bed, or nursing facility, provided the client was in the home and received services before leaving.
Chore - Snow Removal	S5120	$9.59	Use this code to bill for approved snow removal services provided to an eligible client. Bill only for the actual time spent completing authorized tasks. The reimbursement rate includes both the provider's labor and the equipment used. Covered services are limited to shoveling driveways and sidewalks adjacent to the client's home. If the provider uses the client's equipment, the client must sign a statement granting permission. One (1) unit equals 15 minutes of service. Services may be billed on the day a client is admitted to the hospital, swing-bed, or nursing facility, provided the authorized services were delivered while the client was still at home.
CHR Assessment	T1023	IHS Encounter Rate	Use this code to bill for a department approved assessment completed by an Indian Health Service (IHS) Community Health Representative (CHR) to determine the need for HCBS for an eligible tribal member.

		Federal Funds	This service is reimbursed at the IHS encounter rate. Services may be billed on the day a client is admitted to the hospital, swing-bed, or nursing facility, provided the client was in the home and received services before leaving.
Community Support Service	S5126	$40.97 per hour $983.28 24 Hour Max	Use this code to bill for up to 24 hours of community support services provided to an eligible client in their home.
Companionship Services	S5135-TF	$9.28 40 units per month	Use this code to bill for companionship services provided to an eligible client. This service does not include hands-on personal care or nursing services but may include verbal instruction or cueing. Homemaking tasks may only be billed when they are directly related to a companionship activity (for example, cleaning the kitchen after baking together). Do not bill for activity expenses such as movie tickets or admission fees. Friendly visiting is an allowable companionship activity but is limited to two (2) hours per week. One (1) unit equals 15 minutes of service. Providers must not be related to the c and must hold a cognitive endorsement. Services may be billed on the day a client is admitted to the hospital, swing-bed, or nursing facility, provided the client was in the home and received authorized services before leaving.

Emergency Response System (ERS)	S5161	$57.22 Monthly Max only for new	Use this code to bill for the monthly ERS service fee. The monthly fee may be billed only if the eligible client is in their home for at least one day during the month. If the client is admitted to a nursing facility, the HCBS CM will end the ERS service authorization. Providers may bill one (1) unit per month. One (1) unit equals one monthly ERS service fee.
Environmental Modification	S5165	Per Job	Use this code to bill for approved environmental modifications to an eligible client's home or vehicle. Payment may be billed only after the work is completed and the HCBS CM has verified completion through a home visit. Providers may not bill in advance for materials or request payment for deposits. One (1) unit is based on the approved cost proposal.
Extended Personal Care	S5115	$9.59 Max Agency	Use this code to bill for the time a Qualified Service Provider (QSP) spends completing extended personal care (PC) tasks as directed by a Registered Nurse (RN), including required documentation. This code must not be used when the task is performed by an RN or Licensed Practical Nurse (LPN). One (1) unit equals 15 minutes of service. Services may be billed on the day a client is admitted to the hospital, swing-bed, or nursing facility, provided the authorized services were delivered while the client was still at home.

Extended Personal Care - Nurse	S5115-TD	$20.10 Max Agency	Use this code to bill for the time a RN or LPN spends completing extended PC tasks as directed and documented by the RN. This code may not be used to bill for nurse education or when the task is performed by a non-nurse provider. Providers must hold a current, valid ND RN or LPN license, or a valid Nurse Licensure Compact (NLC) license. One (1) unit equals 15 minutes of service. Services may be billed on the day a client is admitted to the hospital, swing-bed, or nursing facility, provided the client was in the home and received services before leaving.
Higher Level Case Management or Care Coordination - Assessment	T2024	$387.11	Use this code to bill when a HCBS comprehensive assessment has been completed for an eligible Medicaid recipient. All case management activities must be performed by a Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), or a RN with a bachelor's degree in nursing or higher who is licensed to practice in ND. This code may be used for activities including assessing the client's need for medical, educational, social, or other services and developing a person-centered plan (PCP) of care. A one-time payment for case management may also be claimed for individuals who are Medicaid eligible and assessed for HCBS but choose not to participate. To bill for services, a QSP must have a signed Department-approved PCP of care and enter all required information into Therap.

			One (1) unit equals one assessment.
Higher Level Case Management or Care Coordination - Other	T2022	$148.33	Use this code to bill for case management activities related to implementing, monitoring, and reviewing the department approved PCP for clients eligible for MSP PC who are not receiving HCBS Medicaid Waiver services. All case management activities must be performed by an LMSW, LCSW, or an RN with a bachelor's degree in nursing or higher who is licensed to practice in ND. Billable activities include referrals and related services, as well as monitoring and other required case management activities. Providers may bill this code only once per month, regardless of the number of contacts with the eligible client during that month. To bill for services, providers must have a signed department approved PCP and enter all required information into Therap. One (1) unit equals one month.
Home Delivered Meals	S5170	$10.17	Use this code to bill for one hot or frozen home-delivered meal (HDM) transported or delivered to an eligible client's home. One (1) unit equals one meal (hot or frozen). HDM providers may ship meals in bulk, typically every two weeks or once per month. Clients must meet eligibility requirements for HDMs on the date the meals are ordered.
Homemaker	S5130	$9.59	Use this code to bill for homemaker services provided to an eligible client.

		70 units per month	Bill only for the actual time spent completing authorized tasks. All homemaking tasks must be completed in the client's home while the client is present, except for laundry and shopping. Laundry may be completed in the home or at a laundromat. Shopping must be completed in the community, and the eligible client may not accompany the provider. Travel time to and from the client's home for laundry or shopping may be included as billable time. One (1) unit equals 15 minutes of service. Services may be billed on the day a client is admitted to the hospital, swing-bed, or nursing facility, provided the authorized services were delivered while the client was still at home.
Installation Emergency Response System (ERS)	S5160	$78.03 Max per one time install	Use this code to bill for the one-time installation of an ERS for an eligible client. Installation may be billed only once unless additional installation is approved by the HCBS CM. One (1) unit equals one ERS installation.
Non-Medical Transportation (carrier, bus, taxi)	T2004	Per Trip	Use this code to bill for non-medical transportation provided by a professional carrier, bus, or taxi to take an eligible client to essential community services, such as the grocery store, pharmacy, or bank. This service may not be used for transportation to or from medical appointments. One (1) unit equals one one-way ride.

Non - Medical Transportation (Escort)	T2001-UC	$9.28	Use this code to bill when an eligible client requires human assistance to participate in non-medical transportation, including help boarding or existing a vehicle or public transit, and assistance to complete the activity for which transportation was authorized. Do not bill for travel time to or from the client's home or the final destination, or for transportation costs. Escort services and non-medical transportation may not be billed at the same time. Escort services may only be billed when the client is present and actively participating in the authorized activity. One (1) unit equals 15 minutes of service. Services may be billed on the day a client is admitted to the hospital, swing-bed, or nursing facility, provided the authorized services were delivered while the client was still at home.
Non - Medical Transportation (Local and Out of Town)	T2001	$9.67	Use this code to bill for transporting an eligible client to essential community services, such as the grocery store, pharmacy, or bank, using a private or agency-owned vehicle. Bill only for the time spent driving the client to the approved destination. This service may not be used for transportation to or from medical appointments. One (1) unit equals 15 minutes of service. Services may be billed on the day a client is admitted to the hospital, swing-bed, or nursing facility, provided the

			authorized services were delivered while the client was still at home.
Non-Medical Transportation (Encounter or Trip)	T2003	Per Trip	Use this code to bill for transporting an eligible client to and from an allowable destination that is included in the service authorization using a private or agency-owned vehicle. This service may not be used for transportation to or from medical appointments. One (1) unit equals one one-way ride.
Nurse Education Care	S5108	$20.10 Max Agency	Use this code to bill for time spent by a RN completing an assessment, developing the nursing plan of care, and educating QSPs on assigned tasks. This code must not be used to bill for the time spent performing extended PC tasks, even if completed by an RN or LPN. Providers must hold a current, valid ND RN or LPN license, or a valid NLC license. One (1) unit equals 15 minutes of service. Services may be billed on the day a client is admitted to the hospital, swing-bed, or nursing facility, provided the client was in the home and received services before leaving.
One - Time Transition Costs	T5999	$3,000 - max	Use this code to bill for non-recurring set-up expenses for an eligible client transitioning to their own private residence. Payment may not be used for room and board costs, including rent or mortgage payments, food, regular utilities, special insurance, household appliances, or items intended for purely recreational or diversionary purposes. One (1) unit equals the total cost of allowable items, not to exceed $3,000 per eligible client.

Personal Care – Assisted Living - SPED	T2031	$9.59 per unit calculated daily rate $107.51 Max	Use this code to bill for personal care services provided to an eligible SPED client residing in a ND licensed assisted living facility. This service must be provided within the assisted living facility only. Room and board costs are the responsibility of the eligible individual. Payment may be billed for the day of admission to the assisted living facility but not for the day of discharge. This also applies to temporary absences from the facility (for example, hospitalization). Payment is not allowed for the day the individual enters the hospital but may be billed for the day the client returns to the facility. Payment may also be billed for services provided in the facility on the day of death. To bill the daily rate, at least one (1) consecutive hour of care must be provided and documented each day. Services included in a tenant's rent agreement may not be authorized or billed under HCBS. One (1) unit equals one day of service.
Personal Care - Unit Rate for SPED and MSP	T1019	$9.59 MSP 1200 units per month	Use this code to bill for PC services provided for portions of a calendar day. Bill only for the actual time spent completing authorized tasks. PC may be provided inside or outside the client's home when the eligible client is present. Billing for services outside the local trade area is allowed; however, any limitations must be discussed with the HCBS CM.

			The number of services provided each calendar day must be documented on the billing record. One (1) unit equals 15 minutes of service. Services may be billed on the day a client is admitted to the hospital, swing-bed, or nursing facility, provided the client was in the home and received services before leaving.
Residential Habilitation	T2016	$40.97 per hour $983.28 24-hour max	Use this code to bill for up to 24 hours of community support services provided to an eligible client in their home. Payment may be billed for the first day services are provided but not for the day services end. Payment is not allowed for days the individual enters the hospital, nursing facility, or is otherwise temporarily away from the home (such as traveling with family). Providers may bill for the day the client returns home to receive services and for the day of death if services were provided. Services must be provided by awake staff who have completed the required training and passed a background check. Do not use this code for retainer payments. Retainer payments are allowed only for approved acute hospitalization or other temporary absences from the setting, must be approved in advance by the Program Administrator, and require the appropriate modifier. To bill the daily rate, at least one (1) consecutive hour of care must be provided and documented each day. Span billing is not allowed. One (1) unit equals one day.

Residential Habilitation – Retainer Payments	T2016-U5	$40.97 Per hour $983.28 24-hour max	Use this code to bill for approved personal assistance retainer payments when an eligible client is temporarily absent from the setting and services cannot be provided, such as during an acute hospitalization or while traveling with family. Retainer payments help maintain provider availability and ensure continuity of care during short-term absences. Providers may bill for the day the client is admitted to the hospital or begins another approved temporary absence, but not for the day the cleint returns. Retainer payments are limited to 30 days per eligible client, per calendar year and require prior approval from the Program Administrator. One (1) unit equals one day.
Respite Care	S5150	$9.59 216 units per month	Use this code to bill for respite (short break) services provided to the primary caregiver. Bill only for the actual time spent delivering authorized services. Respite services must be provided in the eligible client's home or in an HCBS CM approved respite home. One (1) unit equals 15 minutes of service. Services may be billed on the day a client is admitted to the hospital, swing-bed, or nursing facility, provided the client was in the home and received services before leaving.
Respite Care – Institutional	S5151	At Cost	Use this code to bill for respite care (short-term relief) provided in a hospital, hospital swing-bed, or nursing facility.

		No Max Agency Swing bed rate per day	Payment may be billed for the day the client is admitted to institutional respite but not for the day of discharge. If the client is temporarily absent from the facility (for example, due to hospitalization), payment is not allowed for the day the client leaves the facility but may be billed for the day the client returns. Providers may not be reimbursed more than the current swing bed rate for a single day. To bill the daily rate, at least one (1) consecutive hour of care must be provided and documented each day. One (1) unit equals one calendar day.
Specialized Equipment	T2028	Per Item	Use this code to bill for approved specialized equipment or supplies provided to an eligible client. One (1) unit is based on the approved cost proposal.
Supervision	S5135	$9.28	Use this code to bill for up to 24 hours of supervision provided to an eligible client in the client's home. Supervision must be provided by an awake provider. This service may not be billed during the same time period as personal care, homemaker, or any other services. Those services must be billed using the appropriate procedure code. One (1) unit equals 15 minutes of supervision.
Supported Employment	T2019	$9.59	Use this code to bill for supported employment services that provide intensive, ongoing support to help an eligible client succeed in a work setting. Services may include necessary adaptations, supervision, and training based on the client's needs.

			These services must not duplicate the supervision or training typically provided by an employer or workplace supervisor. Services may be billed on the day a client is admitted to or returns home from the hospital, swing bed, or nursing facility, provided the Client was present and received services before leaving or after returning. One (1) unit equals 15 minutes of service.
Transition Coordination	T2038	$12.40	Use this code to bill for community transition services provided to eligible clients to support planning a move from an institution or other provider-operated living arrangement to a private residence where necessary services can be received. One (1) unit equals 15 minutes of service. Services may be billed on the day a client is admitted to the hospital, swing-bed, or nursing facility, provided the client was in the home and received services before leaving.
Transition Living	T2021	$9.59	Use this code to bill for training and/or assisting an eligible client who lives in a private residence with tasks and activities outlined in their individual plan of care. Services may be billed on the day a client is admitted to or returns home from the hospital, swing-bed, or nursing facility, provided the client was present in the home and received services before leaving or after returning. One (1) unit equals 15 minutes of service.
Waiver Personal Care - Unit Rate	S5100	$9.59	Use this code to bill for waiver personal care (WPC) and supervision provided for portions of a calendar day.

			Bill only for the actual time spent completing authorized tasks. WPC and supervision may be provided inside or outside the client's home when the eligible client is present. Billing for services outside the local trade area is allowed; however, any limitations must be discussed with the HCBS CM. Out-of-state services may be provided with approval from the HCBS Program Administrator. The number of services provided each calendar day must be documented on the billing record. One (1) unit equals 15 minutes of service. Services may be billed on the day a client is admitted to the hospital, swing-bed, or nursing facility, provided the client was in the home and received services before leaving.

Rural Differential (RD) Rate

Transition Coordination

Tier	Rate
Tier 1 (21-50 miles)	$14.85
Tier 2 (51-70 miles)	$16.57
Tier 3 (71+ miles)	$17.87

Individual QSP RD Rates

Service	Tier 1 (21-50 miles)	Tier 2 (51-70 miles)	Tier 3 (71+ miles)
Chore, Ex-PC, PC, RC, and HMK	$9.43	$11.15	$12.45
Supervision and Companionship	$9.21	$10.93	$12.23
Individual Nurse Education and Ex-PC Nurse	$18.40	$20.12	$21.42

Agency QSP RD Rates

Service	Tier 1 (21-50 miles)	Tier 2 (51-70 miles)	Tier 3 (71+ miles)
Chore, Ex-PC, PC, RC, HMK, and Transitional Living	$12.04	$13.76	$15.06
Supervision and Companionship	$11.73	$13.45	$14.75
Nurse Education and Ex-PC by Nurse	$22.55	$24.27	$25.57