

Individual QSPs
Updated 08.21.25

Service Name	Procedure Code	Special Instructions	Notes
Adult Day Care	S5101	This code is used to claim payment for a full day or half day of adult day care provided to an eligible individual. Payment may be claimed for care provided for a minimum of 3 hours but less than 5 hours. Payment may be made for care provided a minimum of 5 hours but no more than eleven (11) hours per day. (1 unit = 1/2 day or full-day based on hours care was provided)	Providers can claim payment for the day you are authorized to start providing daily care. You cannot hire another person to provide care for your client during your absences from the home. Care may be provided and billed for the day that someone goes into the hospital/swing bed/ nursing home or comes home from the hospital/swing bed/ nursing home as long as the individual was present when the care is provided.
Adult Foster Care	S5140	This code is used when claiming payment for Adult Foster Care services provided in a licensed home. Payment can be claimed on the day of "admission" into the adult foster care but no the day of "discharge". Payment is not allowed for the day the eligible individual entered the hospital, nursing home, but the provider can bill for the day the eligible individual returns to the licensed home. Payment may be claimed when services are provided in the Adult Foster Care on the day of death. (One (1) unit = One (1) day)	Room and board cannot be part of the AFC rate. You cannot hire another person to provide care during your absences.
Chore labor	S5120	This code is used to claim payment when chore - labor for example, heavy or seasonal cleaning is provided for an eligible individual. Only bill for the time it takes to do these approved tasks in or around the individual's home. Care can only be provided when the individual is present in the home. (One (1) unit = 15 minutes)	Care may be provided and billed for the day that someone goes into the hospital/swing bed/ nursing home or comes home from the hospital/swing bed/ nursing home as long as the individual was present in the home when the care is provided.
Chore -lawn care	S5120	This code is used to claim payment when lawn care is provided to an eligible individual. Only bill for the time it takes to complete the authorized task. The rate charged covers both the provider's time and the equipment used for lawn care. It is limited to seasonal cutting and trimming grass, bagging/dumping. The service does not include landscaping, fertilizing, or weed control. You can only bill for lawn care provided to an eligible individual once per week. If a provider is going to use an individual's equipment to complete this task, the individual must sign a statement granting permission. Care can only be provided when the individual is present in the home. (One (1) unit = 15 minutes)	Care may be provided and billed for the day that someone goes into the hospital/swing bed/ nursing home or comes home from the hospital/swing bed/ nursing home as long as the individual was present in the home when the care is provided.
Chore snow removal	S5120	This code is used to claim payment when snow removal is provided to an eligible individual. Only bill for the time it takes to complete the authorized task. The rate charged covers both the provider's time and the equipment used for the snow removal. Tasks are limited to shoveling the driveway and sidewalks adjacent to the individual's home. If a provider is going to use an individual's equipment to complete this task, the individual must sign a statement granting permission. Care can only be provided when the individual is present in the home. (One (1) unit = 15 minutes)	Care may be provided and billed for the day that someone goes into the hospital/swing bed/ nursing home or comes home from the hospital/swing bed/ nursing home as long as the individual was present in the home when the care is provided.

Companionship Services	S5135-TF	This code is used to claim payment for companionship services provided to an eligible individual. This code cannot be used to bill for hand's on nursing or personal care but may include verbal instruction or cueing. Do not bill for any homemaking tasks unless the task is directly related to a companionship activity for example, cleaning up the kitchen after baking. Do not bill for any activity fees i.e. movie tickets etc. Friendly visiting is consider an allowable activity but cannot exceed 2 hours per week. (One (1) units = 15 min)	Provider cannot be related to the recipient and must carry a cognitive endorsement. Care may be provided and billed for the day that someone goes into the hospital/swing bed/ nursing home or comes home from the hospital/swing bed/ nursing home as long as the individual was present in the home when the care is provided.
Extended Personal Care	S5115	This code is used to claim payment the time it takes the QSP to carry out the extended personal care task as instructed by the registered nurse (RN) and document the task as required. This code should not be used to bill when a nurse (RN/LPN) completes the extended personal care task. (One (1) units = 15 min)	Care may be provided and billed for the day that someone goes into the hospital/swing bed/ nursing home or comes home from the hospital/swing bed/ nursing home as long as the individual was present in the home when the care is provided.
Extended Personal Care -Nurse	S5115 -TD	This code is used to claim payment for the time it takes the nurse (RN/LPN) to carry out the extended personal care task as instructed by the registered nurse (RN) and document the task as instructed. This code should not be used to bill for the nurse education part of extended personal care or when the task is provided by a non nurse (RN/LPN). (One (1) units = 15 min)	Requires a current valid ND LPN/RN license or valid nurse compact state. Care may be provided and billed for the day that someone goes into the hospital/swing bed/ nursing home or comes home from the hospital/swing bed/ nursing home as long as the individual was present in the home when the care is provided.
Family Home Care	00001	This code is used when claiming payment for Family Home Care to an eligible relative. Payment cannot be claimed for the days the individual in need of care was away from the home. For example, if they were hospitalized. Payment is not allowed for the day the eligible individual entered the hospital but the provider can bill for the day the eligible individual returns home to their care. Payment can be claimed if in home cares are provided on the day of death. Payment cannot be claimed for care provided out of state unless approved by the program administrator. Span billing is not allowed. (One (1) unit = One (1) day)	Can claim payment for the day you are authorized to start providing daily care. You cannot hire another person to provide care for your client during your absences from the home.
Family Personal Care	S5136	This code is used when claiming payment for Family Personal Care to an eligible relative. Payment cannot be claimed for the days the individual in need of care was away from the home. For example, if they were hospitalized. Payment is not allowed for the day the eligible individual entered the hospital but the provider can bill for the day the eligible individual returns home to their care. Payment can be claimed if in home cares are provided on the day of death. Payment cannot be claimed for care provided out of state unless approved by the Program Administrator. Span billing is not allowed. (One (1) unit = One (1) day)	Can claim payment for the day you are authorized to start providing daily care. You cannot hire another person to provide care for your client during your absences from the home.
Home Delivered Meals	S5170	This code is used to claim payment for one hot or frozen home delivered meal that is transported or delivered to the eligible individuals' home. This service is limited to 2 units per calendar day. (One (1) units = (1) hot or frozen meal).	HDM providers can ship meals in bulk usually every two weeks or once per month. Individuals must be eligible for HDMs the day the meals are ordered.

Homemaker	S5130	This code is used to claim payment when homemaker services are provided to an eligible individual. Only bill for the time it takes to complete the authorized task. All homemaking tasks must be completed in the eligible individual's home while they are present except for laundry and shopping. Laundry may be completed in the home or at a laundry mat. Shopping is done in the community. Eligible individuals cannot go with the QSP when completing these tasks in the community. Time spent traveling to and from the individual's home for laundry or shopping counts as part of the billable time for homemaker services. (One (1) unit = 15 minutes)	Care may be provided and billed for the day that someone goes into the hospital/swing bed/ nursing home or comes home from the hospital/swing bed/ nursing home as long as the individual was present in the home when the care is provided.
Non-Medical Transportation (Escort)	T2001-UC	This code is used to claim payment when the eligible individual needs human assistance to participate in non-medical transportation or to accompany the individual for the assistance of boarding and existing the vehicle/public transit and to complete the activity for which the non-medical transportation was authorized. For example, grocery shopping. Do not bill for the time it takes to get to and from the eligible individual's home or the final destination or for transportation costs. Providers cannot bill for escort and non-medical transportation at the same time. Escort can only be billed if the eligible individual is present for the activity. (One (1) unit = 15 min)	Care may be provided and billed for the day that someone goes into the hospital/swing bed/ nursing home or comes home from the hospital/swing bed/ nursing home as long as the individual was present in the home when the care is provided.
Non-Medical Transportation (Local ar	T2001	This code is used to claim payment when transporting an eligible individual to essential community services like the grocery store, pharmacy and bank using a private or agency owned vehicle. This code can only be billed for the time it takes to drive the eligible individual to the approved destination. This service cannot be used to drive individuals to or from a medical appointment. (One (1) unit = 15 min)	Care may be provided and billed for the day that someone goes into the hospital/swing bed/ nursing home or comes home from the hospital/swing bed/ nursing home as long as the individual was present in the home when the care is provided.
Nurse Education Care	S5108	This code is used to claim payment for the time it takes the registered nurse (RN) to assess and create the nursing plan of care and the time it takes to educate the QSP that will carry out the task. This code should not be used to bill for the time it takes to carry out the extended personal care task even if the task was completed by a nurse (RN/LPN). (One (1) units = 15 min)	Requires a current valid ND LPN/RN license or valid nurse compact state. Care may be provided and billed for the day that someone goes into the hospital/swing bed/ nursing home or comes home from the hospital/swing bed/ nursing home as long as the individual was present in the home when the care is provided.
One-time transition costs	T5999	This code is used to claim payment for non-reoccurring set up expenses of an eligible individual's move to their own private residence. Payment can not be made for items that would be considered room and board; monthly rent or mortgage expenses; specials; insurance; food; regular utility charges and or household appliances or items that are intended for purely diversional/recreational purposes. (One (1) unit = the total cost of allowable items not to exceed \$3,000 per eligible individual)	

Personal Care - Daily- Medicaid State	T1020	This code is used to claim payment when daily personal care is provided by a live-in caregiver to a Medicaid State Plan Personal Care recipient. This service cannot be provided by a spouse, legal guardian, or a parent of a minor child. Personal care service may be performed inside or outside the client's home when the eligible individual is present. Billing for services outside the local trade area is allowed however, you must discuss any limitations with the HCBS Case Manager. Payment is not allowed for the day the eligible individual entered the hospital but the provider can bill for the day the eligible individual returns home to their care. Payment can be claimed if in home cares are provided on the day of death. The number of services provided on each calendar day must be shown on the billing document. Span billing is not allowed. (One (1) unit = One (1) day)	Can claim payment for the day you are authorized to start providing daily care. You cannot hire another person to provide care for your client during your absences from the home.
Personal Care - Daily -SPED	T1020	This code is used to claim payment when daily personal care is provided by a live-in provider who is not related to the individual in need of care. Personal care service may be performed inside or outside the client's home when the eligible individual is present. Billing for services outside the local trade area is allowed however, you must discuss any limitations with the HCBS Case Manager. Payment cannot be claimed for the days the individual in need of care was away from the home. For example, if they were hospitalized. Payment is not allowed for the day the eligible individual entered the hospital but the provider can bill for the day the eligible individual returns home to their care. Payment can be claimed if in home cares are provided on the day of death. Payment cannot be claimed for care provided out of state unless approved by the Program Administrator approves it. The number of services provided on each calendar day must be shown on the billing document. Span billing is not allowed. (One (1) unit = One (1) day)	Can claim payment for the day you are authorized to start providing daily care. You cannot hire another person to provide care for your client during your absences from the home.
Personal Care - Unit Rate	T1019	This code is used to claim payment when personal care is provided for portions of a calendar day. Only bill for the time it takes to complete the authorized task. Personal care service may be performed inside or outside the client's home when the eligible individual is present. Billing for services outside the local trade area is allowed however, you must discuss any limitations with the HCBS Case Manager. Services can be provided out of state check with the HCBS Case Manager for any limitations. The number of services provided on each calendar day must be shown on the billing document. (15 min of services = 1 billing unit)	Care may be provided and billed for the day that someone goes into the hospital/swing bed/ nursing home or comes home from the hospital/swing bed/ nursing home as long as the individual was present in the home when the care is provided.
Respite Care	S5150	This code is used to claim payment when respite (short break) is provided to the primary caregiver. Only bill for the time it takes to complete the authorized task. Care must be provided in the eligible individual's home or in a provider's respite home that has been approved by an HCBS Case Manager. (One (1) unit = 15 minutes)	Care may be provided and billed for the day that someone goes into the hospital/swing bed/ nursing home or comes home from the hospital/swing bed/ nursing home as long as the individual was present in the home when the care is provided.

Supervision	S5135	This code is used to claim payment for up to (24) hours of supervision provided to an eligible individual and can only be provided in the individual's home. Supervision services must be provided by awake staff. Payment for this service cannot be claimed for time providing personal care, or homemaker, or any other service. Those tasks should be billed using the correct procedure code for that service. (One (1) units = 15 min)	Provider must have a cognitive endorsement. Care may be provided and billed for the day that someone goes into the hospital/swing bed/ nursing home or comes home from the hospital/swing bed/ nursing home as long as the individual was present in the home when the care is provided.
Transition Coordination	T2038	This code is used to claim payment for providing community transition services to eligible individuals to plan a move from a institution or other provider operated living arrangement to a private residence where they can receive necessary care. (One (1) units = 15 min)	Care may be provided and billed for the day that someone goes into the hospital/swing bed/ nursing home or comes home from the hospital/swing bed/ nursing home as long as the individual was present when the care is provided.
Waiver Personal Care - unit rate	S5100	This code is used to claim payment when waiver personal care and supervision is provided for portions of a calendar day. Only bill for the time it takes to complete the authorized task. Waiver personal care service and supervision may be performed inside or outside the client's home when the eligible individual is present. Billing for services outside the local trade area is allowed however, you must discuss any limitations with the HCBS Case Manager. Services can be provided out of state with approval from Program Administration. The number of services provided on each calendar day must be shown on the billing document. (15 min of services = 1 billing unit)	Care may be provided and billed for the day that someone goes into the hospital/swing bed/ nursing home or comes home from the hospital/swing bed/ nursing home as long as the individual was present in the home when the care is provided.
Waiver Personal Care - daily	S5102	This code is used to claim payment when daily waiver personal care and supervision is provided by a live-in non relative. Waiver personal care service and supervision may be performed inside or outside the client's home when the eligible individual is present. Billing for services outside the local trade area is allowed however, you must discuss any limitations with the HCBS Case Manager. Services can be provided out of state with approval from Program Administration. The number of services provided on each calendar day must be shown on the billing document The number of services provided on each calendar day must be shown on the billing document. Span billing is not allowed. (One (1) unit = One (1) day)	Can claim payment for the day you are authorized to start providing daily care. You cannot hire another person to provide care for your client during your absences from the home. Care may be provided and billed for the day that someone goes into the hospital/swing bed/ nursing home or comes home from the hospital/swing bed/ nursing home as long as the individual was present in the home when the care is provided.
Respite Care - Adult Foster Care	S5150	This code is used to claim payment when respite (short break) is provided to assist a licensed adult foster care provider. Only bill for the time it takes to complete the authorized task. Care must be provided in a licensed adult foster care home that has been approved by an HCBS Case Manager. This service requires the provider to undergo a criminal background check before the care is provided. (One (1) unit = 15 minutes)	Provider must have a cognitive endorsement. Providers cannot be paid more than the current swing bed rate in 1 day. If you are caring for more than 1 client at a time, you must divide the total amount of units provided by the # of public pay clients you are caring for. Ex: if you provide respite care to 3 public pay clients from 9:00 to 12:00 you would bill 4 units (1 hour) for each client. Care may be provided and billed for the day that someone goes into the hospital/swing bed/ nursing home or comes home from the hospital/swing bed/ nursing home as long as the individual was present in the home when the care is provided.

Agency QSPs
Updated 8.21.25
Revised 8.29.25

Service Name	Procedure Code	Unit	Special Instructions	Requires EVV	Claim Type	Can bill in Therap	Notes
Adult Day Care	S5101	1 day	This code is used to claim payment for a full day or half day of adult day care provided to an eligible individual. Payment may be claimed for care provided for a minimum of 3 hours but less than 5 hours. Payment may be for care provided a minimum of 5 hours but no more than eleven (11) hours per day. (1 unit = 1/2 day or full-day based on hours care was provided)	Yes	Professional	Yes	Providers can claim payment for the day you are authorized to start providing daily care. Care may be provided and billed for the day that someone goes into the hospital/swing bed/ nursing home or comes home from the hospital/swing bed/ nursing home as long as the individual was present when the care is provided.
Adult Residential Care	T2031	per day	This code is used to claim payment for adult residential care provided to an eligible individual who receives overnight care in a ND licensed specialized basic care facility. This code is used to bill for care and supervision as well as routine transportation (if applicable), laundry and housekeeping as needed by the client. Payment for room and board is the responsibility of the eligible individual. Payment can be claimed for the day of "admission" into adult residential care, but cannot be claimed for the day of "discharge". This also applies to absences from the facility for example admission to the hospital or travel with family. Payment is not allowed for the day the eligible individual entered the hospital etc. but the provider can bill for the day the eligible individual returns to the facility. Payment may be claimed when services are provided at the facility on the day of death. (One (1) unit = one (1) day) , 1 hour of consecutive care must be provided and documented each day to claim a daily rate. Span billing is not allowed.	No	Professional	Yes	
Case Management - Other	T2023	month	This code is used when claiming payment for the CM activities of implementing, monitoring and reviewing the Department approved person centered plan with individuals eligible for Medicaid State Plan - personal care, when the individual is NOT also receiving services under the HCBS Medicaid Waiver. All case management (CM) activities must be performed by a <u>Licensed Master Social Worker or a Licensed Clinical Social Worker</u> . Payment under this code may be claimed for the following activities: referral and related activities, and monitoring and other activities. QSPs can only bill for this service once per month regardless of the number of contacts they have had with the eligible individual that month. To bill for services rendered, QSPs must have a signed Department approved person-centered plan of care and enter all required information into Therap. (One (1) unit = One (1) month)	No	Professional	Yes	
Case Management - Assessment	T2023 -TG	month	This code is used to claim payment when a HCBS comprehensive assessment has been completed with an eligible Medicaid recipient. All case management (CM) activities must be performed by a <u>Licensed Master Social Worker or a Licensed Clinical Social Worker</u> . Payment under this code may be claimed for the following activities: assessment of an individual to determine the need for any medical, education, social or other service, and; development of a person-centered plan of care. A one-time payment for CM can be claimed for individuals who are Medicaid eligible and who have been assessed for HCBS but chose not to participate. To bill for services rendered, a QSP must have a signed Department approved person-centered plan of care completed and enter all required information into Therap. (One (1) unit = One (1) assessment)	No	Professional	Yes	
Chore - lawn care	S5120	15 min	This code is used to claim payment when lawn care is provided to an eligible individual. Only bill for the time it takes to complete the authorized task. The rate charged covers both the provider's time and the equipment used for lawn care. It is limited to seasonal cutting and trimming grass, bagging/dumping. The service does not include landscaping, fertilizing, or weed control. You can only bill for lawn care provided to an eligible individual once per week. If a provider is going to use an individual's equipment to complete this task, the individual must sign a statement granting permission. Care can only be provided when the individual is present in the home. (One (1) unit = 15 minutes)	Yes	Professional	Yes	Care may be provided and billed for the day that someone goes into the hospital/swing bed/ nursing home or comes home from the hospital/swing bed/ nursing home as long as the individual was present in the home when the care is provided.
Chore - Pest Extermination/cleaning and restoration	S5121	per job	This code is used to claim payment when professional pest extermination or cleaning & restoration is provided to an eligible individual. The rate charged includes compensation for the provider's time and the equipment and cleaning or other supplies used during the process.	No	Professional	Yes	Care may be provided and billed for the day that someone goes into the hospital/swing bed/ nursing home or comes home from the hospital/swing bed/ nursing home as long as the individual was present in the home when the care is provided.
Chore - snow removal	S5120	15 min	This code is used to claim payment when snow removal is provided to an eligible individual. Only bill for the time it takes to complete the authorized task. The rate charged covers both the provider's time and the equipment used for the snow removal. Tasks are limited to shoveling the driveway and sidewalks adjacent to the individual's home. If a provider is going to use an individual's equipment to complete this task, the individual must sign a statement granting permission. Care can only be provided when the individual is present in the home. (One (1) unit = 15 minutes)	Yes	Professional	Yes	Care may be provided and billed for the day that someone goes into the hospital/swing bed/ nursing home or comes home from the hospital/swing bed/ nursing home as long as the individual was present in the home when the care is provided.
Chore labor	S5120	15 min	This code is used to claim payment when chore - labor for example, heavy or seasonal cleaning is provided for an eligible individual. Only bill for the time it takes to do the approved tasks in or around the individual's home. Care can only be provided when the individual is present in the home. (One (1) unit = 15 minutes)	Yes	Professional	Yes	Care may be provided and billed for the day that someone goes into the hospital/swing bed/ nursing home or comes home from the hospital/swing bed/ nursing home as long as the individual was present in the home when the care is provided.

CHR Assessment	T1023	each	This code is used to claim payment for a Department approved assessment completed by an Indian Health Services (IHS) Community Health Representative (CHR) to determine the need for home and community-based services for an eligible tribal member. This service is eligible for the IHS encounter rate.	No	Professional	Yes	Care may be provided and billed for the day that someone goes into the hospital/swing bed/ nursing home or comes home from the hospital/swing bed/ nursing home as long as the individual was present in the home when the care is provided.
Community Support Services	S5126	per day	This code is used to claim payment to provide up to 24-hour community support services to an eligible individual in their home. Payment can be claimed for the day that care starts but cannot be claimed for the day that care ends. Payment is not allowed for the day the eligible individual entered the hospital or is traveling with family etc. but the provider can bill for the day the eligible individual returns to their care. Payment cannot be made for the day of "admission" but can be claimed for the day of "discharge". This also applies to temporary absences such as admission to the hospital (or visiting family). Payment is not allowed the day the client entered the hospital but is allowed the day the client returns to the providers care. Payment may be claimed when in-home cares are provided on the day of death. This service must be provided by awake staff who have a completed background check and required training. Do not use this code to bill for retainer payments. Retainer payments are only allowed for acute hospitalizations or when the individual is otherwise away from the setting. Payments must be prior approved by a Program Administrator and require a modifier. (One (1) unit = one (1) day). 1 hour of consecutive care must be provided and documented each day to claim a daily rate. Span billing is not allowed.	No	Professional	Yes	
Community Support Services - Residential Habilitation (provided in a licensed agency adult foster care)	Refer to community support or residential habilitation service codes	per day	The service code for these services can also be used to claim payment to provide up to 24-hour community support services/ residential habilitation to an eligible individual in a licensed agency adult foster care. Payment for this service cannot include any room and board costs or the cost of facility maintenance and upkeep. Providers cannot bill for days the eligible individual is absent from the facility for example admission to the hospital, travel with family etc. Payment is not allowed for the day the eligible individual entered the hospital etc. but the provider can bill for the day the eligible individual returns to their care. Payment may be claimed when services are provided on the day of death. Payment cannot be made for the day of "admission" but can be claimed for the day of "discharge". This also applies to temporary absences such as admission to the hospital (or visiting family). This service must be provided by awake staff who have a completed background check and required training. Do not use this code to bill for retainer payments. Retainer payments are only allowed for acute hospitalizations or when the individual is otherwise away from the setting. Payments must be prior approved by a Program Administrator and require a modifier. (One (1) unit = one (1) day). 1 hour of consecutive care must be provided and documented each day to claim a daily rate. Span billing is not allowed.	No	Professional	Yes	
Community Support Services - Retainer payments	S5126-U5	per day	This code is used to claim up to 30 retainer payments per recipient, per calendar year. Personal assistance retainer payments are allowed for reimbursement for acute hospitalizations or otherwise away from the settings the eligible individual is absent and care is not provided. For example, they are in the hospital or traveling with family. This code can be used to claim a retainer payment on the day of "admission" to the hospital etc. but not the day of "discharge". Retainer payments ensure stability and continuity of care while the eligible individual is absent for a short period. This service requires prior approval by a Program Administrator. (One (1) unit = one (1) day).	No	Professional	Yes	
Companionship Services	S5135-TF	15 min	This code is used to claim payment for companionship services provided to an eligible individual. This code cannot be used to bill for hand's on nursing or personal care but may include verbal instruction or cueing. Do not bill for any homemaking tasks unless the task is directly related to a companionship activity for example, cleaning up the kitchen after baking. Do not bill for any activity fees i.e. movie tickets etc. Friendly visiting is consider an allowable activity but cannot exceed 2 hours per week. (One (1) units = 15 min)	Yes	Professional	Yes	Provider cannot be related to recipient and carry a cognitive endorsement. Care may be provided and billed for the day that someone goes into the hospital/swing bed/ nursing home or comes home from the hospital/swing bed/ nursing home as long as the individual was present in the home when the care is provided.
Emergency Response System (ERS)	S5161	month	This code is used to claim payment for ERS monthly service fees. The monthly ERS charge cannot be claimed unless the eligible individual is present in the home for at least one (1) day of the month. The HCBS Case Manager will close your authorization in the event of a nursing facility stay. Billing is limited to one (1) unit. (One (1) unit equals one (1) months service fee)	No	Waiver	Yes	
Environmental Modification	S5126	per job	This code is used to claim payment when an environmental modification of an eligible individual's home or vehicle is complete. Payment for services cannot be made until the job is done and the HCBS case manager has made a home visit to confirm completion. Payment cannot be made in advance for materials or for a deposit. (One (1) unit is based on the approved cost proposal)	No	Professional	Yes	
Extended Personal Care	S5115	15 min	This code is used to claim payment for the time it takes the QSP to carry out the extended personal care task as instructed by the registered nurse (RN) and document the task as required. This code should not be used to bill when a nurse (RN/LPN) completes the extended personal care task. (One (1) units = 15 min)	Yes	Professional	Yes	Care may be provided and billed for the day that someone goes into the hospital/swing bed/ nursing home or comes home from the hospital/swing bed/ nursing home as long as the individual was present in the home when the care is provided.
Extended Personal Care -Nurse	S5115 -TD	15 min	This code is used to claim payment for the time it takes the nurse (RN/LPN) to carry out the extended personal care task as instructed by the registered nurse (RN) and document the task as instructed. This code should not be used to bill for the nurse education part of extended personal care or when the task is provided by a non nurse (RN/LPN). (One (1) units = 15 min)	Yes	Professional	Yes	Requires a current valid ND LPN/RN license or valid nurse compact state. Care may be provided and billed for the day that someone goes into the hospital/swing bed/ nursing home or comes home from the hospital/swing bed/ nursing home as long as the individual was present when the care is provided.

Higher Level Case Management - Assessment	T2024	month	This code is used when claiming payment for a CM activity conducted with individuals eligible for the HCBS Medicaid Waiver only. <u>All case management (CM) activities must be performed by a Licensed Master Social Worker or a Licensed Clinical Social Worker.</u> Payment under this code can be claimed for the following activities: assessment of an individual to determine the need for any medical, education, social or other services using the HCBS comprehensive assessment and development of a Department approved person-centered plan of care. To bill for services rendered, QSPs must have a signed Department approved person-centered plan of care completed and enter all required information into Therap. (One (1) unit = One (1) month)	No	Professional	Yes	Care may be provided and billed for the day that someone goes into the hospital/swing bed/ nursing home or comes home from the hospital/swing bed/ nursing home as long as the individual was present in the home when the care is provided.
Higher Level Case Management - Other	T2022	month	This code is used when claiming payment for the CM activities of implementing, monitoring and reviewing the Department approved person centered plan with individuals eligible for the HCBS Medicaid waiver only. All case management (CM) activities must be performed by a <u>Licensed Master Social Worker or a Licensed Clinical Social Worker.</u> Payment under this code may be claimed for the following activities: referral and related activities, and monitoring and other activities. QSPs can only bill for this service once per month regardless of the number of contacts they have had with the eligible individual that month. To bill for services rendered, QSPs must have a signed person-centered plan of care and enter all required information into Therap. (One (1) unit = One (1) month)	No	Professional	Yes	Care may be provided and billed for the day that someone goes into the hospital/swing bed/ nursing home or comes home from the hospital/swing bed/ nursing home as long as the individual was present in the home when the care is provided.
Home Delivered Meals	S5170	per meal	This code is used to claim payment for one hot or frozen home delivered meal that is transported or delivered to the eligible individuals' home. This service is limited to 2 units per calendar day. (One (1) units = (1) hot or frozen meal).	No	Waiver	No	HDM providers can ship meals in bulk usually every two weeks or once per month. Individuals must be eligible for HDMs the day the meals are ordered therefore it may be possible that billing could occur while the individual was in the hospital.
Homemaker	S5130	15 min	This code is used to claim payment when homemaker services are provided to an eligible individual. Only bill for the time it takes to complete the authorized task. All homemaking tasks must be completed in the eligible individual's home while they are present except for laundry and shopping. Laundry may be completed in the home or at a laundry mat. Shopping is done in the community. Eligible individuals cannot go with the QSP when completing these tasks in the community. Time spent traveling to and from the individual's home for laundry or shopping counts as part of the billable time for homemaker services. (One (1) unit = 15 minutes)	Yes	Professional	Yes	Care may be provided and billed for the day that someone goes into the hospital/swing bed/ nursing home or comes home from the hospital/swing bed/ nursing home as long as the individual was present in the home when the care is provided.
Installation Emergency Response System (ERS)	S5160	one time	This code is used to claim payment for installation fees that cover the cost of setting up an ERS for an eligible individual. Installation costs will only be paid one time unless approved by the HCBS Case Manager. (One (1) installation = 1 unit)	No	Waiver	No	
Non-Medical Transportation (carrier-bus-taxi)	T2004	Atcost/max	This code is used to claim payment when non-medical transportation to essential community services like the grocery store, pharmacy and bank is provided to an eligible individual using a professional carrier, bus, or taxi provider. This code can only be billed for the time it takes to drive the eligible individual to the approved destination. This service cannot be used to drive individuals to or from a medical appointment. (One (1) unit = one (1) ride)	No	Professional	Yes	Care may be provided and billed for the day that someone goes into the hospital/swing bed/ nursing home or comes home from the hospital/swing bed/ nursing home as long as the individual was present in the home when the care is provided.
Non-Medical Transportation (Escort)	T2001-UC	15 min	This code is used to claim payment when the eligible individual needs human assistance to participate in non-medical transportation or to accompany the individual for the assistance of boarding and existing the vehicle/public transit and to complete the activity for which the non-medical transportation was authorized. For example, grocery shopping. Do not bill for the time it takes to get to and from the eligible individual's home or the final destination or for transportation costs. Providers cannot bill for escort and non-medical transportation at the same time. Escort can only be billed if the eligible individual is present for the activity. (One (1) unit = 15 min)	Yes	Professional	Yes	Care may be provided and billed for the day that someone goes into the hospital/swing bed/ nursing home or comes home from the hospital/swing bed/ nursing home as long as the individual was present when the care is provided.
Non-Medical Transportation (Local and out of town)	T2001	15 min	This code is used to claim payment when transporting an eligible individual to essential community services like the grocery store, pharmacy and bank using a private or agency owned vehicle. This code can only be billed for the time it takes to drive the eligible individual to the approved destination. This service cannot be used to drive individuals to or from a medical appointment. (One (1) unit = 15 min)	Yes	Professional	Yes	Care may be provided and billed for the day that someone goes into the hospital/swing bed/ nursing home or comes home from the hospital/swing bed/ nursing home as long as the individual was present in the home when the care is provided. This service cannot be used to take someone to or from a medical appointment.
Nurse Education Care	S5108	15 min	This code is used to claim payment for the time it takes the registered nurse (RN) to assess and create the nursing plan of care and the time it takes to educate the QSP that will carry out the task. This code should not be used to bill for the time it takes to carry out the extended personal care task even if the task was completed by a nurse (RN/LPN). (One (1) units = 15 min)	Yes	Professional	Yes	Requires a current valid ND RN license. Care may be provided and billed for the day that someone goes into the hospital/swing bed/ nursing home or comes home from the hospital/swing bed/ nursing home as long as the individual was present in the home when the care is provided.
One-time transition costs	T5999	\$3000 max	This code is used to claim payment for non-reoccurring set up expenses of an eligible individual's move to their own private residence. Payment can not be made for items that would be considered room and board; monthly rent or mortgage expenses; specials; insurance; food; regular utility charges and or household appliances or items that are intended for purely diversional/recreational purposes. (One (1) unit = the total cost of allowable items not to exceed \$3,000 per eligible individual)	No	Professional	Yes	

Personal Care - Assisted Living	T2031	per day	This code is used to claim payment when personal care is provided to an eligible SPED recipient in a North Dakota licensed assisted living facility. This service cannot be provided outside of the assisted living facility. Payment for room and board is the responsibility of the eligible individual. Payment can be claimed for the day of "admission" into assisted living, but cannot be claimed for the day of "discharge". This also applies to absences from the facility for example admission to the hospital. Payment is not allowed for the day the eligible individual entered the hospital but the provider can bill for the day the eligible individual returns to the facility. Payment may be claimed when services are provided at the facility on the day of death. 1 hour of consecutive care must be provided and documented each day to claim a daily rate. (1 unit of service = 1 day)	No	Professional	Yes	Services included in tenant's rent agreement cannot be authorized or claimed under HCBS.
Personal Care - Unit Rate	T1019	15 min	This code is used to claim payment when personal care is provided for portions of a calendar day. Only bill for the time it takes to complete the authorized task. Personal care service may be performed inside or outside the client's home when the eligible individual is present. Billing for services outside the local trade area is allowed however, you must discuss any limitations with the HCBS Case Manager. Services can be provided out of state check with the HCBS Case Manager for any limitations. The number of services provided on each calendar day must be shown on the billing document. Span billing is not allowed. (15 min of services = 1 billing unit)	Yes	Professional	Yes	Care may be provided and billed for the day that someone goes into the hospital/swing bed/ nursing home or comes home from the hospital/swing bed/ nursing home as long as the individual was present in the home when the care is provided.
Residential Habilitation	T2016	per day	This code is used to claim payment to provide up to 24-hour community support services to an eligible individual in their home. Payment can be claimed for the day that care starts but cannot be claimed for the day that care ends. Payment is not allowed for the day the eligible individual entered the hospital or is traveling with family etc. but the provider can bill for the day the eligible individual returns to their care. Payment cannot be made for the day of "admission" but can be claimed for the day of "discharge". This also applies to temporary absences such as admission to the hospital (or visiting family). Payment is not allowed the day the client entered the hospital but is allowed the day the client returns to the providers care. Payment may be claimed when in-home cares are provided on the day of death. This service must be provided by awake staff who have a completed background check and required training. Do not use this code to bill for retainer payments. Retainer payments are only allowed for acute hospitalizations or when the individual is otherwise away from the setting. Payments must be prior approved by a Program Administrator and require a modifier. (One (1) unit = one (1) day). 1 hour of consecutive care must be provided and documented each day to claim a daily rate. Span billing is not allowed.	No	Professional	Yes	
Residential Habilitation - Retainer payments	T2016-U5	per day	This code is used to claim up to 30 retainer payments per recipient, per calendar year. Personal assistance retainer payments are allowed for reimbursement for acute hospitalizations or otherwise away from the settings the eligible individual is absent and care is not provided. For example, they are in the hospital or traveling with family. This code can be used to claim a retainer payment on the day of "admission" to the hospital etc. but not the day of "discharge". Retainer payments ensure stability and continuity of care while the eligible individual is absent for a short period. This service requires prior approval by a Program Administrator. (One (1) unit = one (1) day).	No	Professional	Yes	
Respite Care - Adult Foster Care	S5150	15 min	This code is used to claim payment when respite (short break) is provided to assist a licensed adult foster care provider. Only bill for the time it takes to complete the authorized task. Care must be provided in a licensed adult foster care home that has been approved by an HCBS Case Manager. This service requires the provider to undergo a criminal background check before the care is provided. (One (1) unit = 15 minutes)	Yes	Professional	Yes	Provider must have a cognitive endorsement. Providers cannot be paid more than the current swing bed rate in 1 day. If you are caring for more than 1 client at a time, you must divide the total amount of units provided by the # of public pay clients you are caring for. Ex: if you provide respite care to 3 public pay clients from 9:00 to 12:00 you would bill 4 units (1 hour) for each client. Care may be provided and billed for the day that someone goes into the hospital/swing bed/ nursing home or comes home from the hospital/swing bed/ nursing home as long as the individual was present in the home when the care is provided.
Respite Care	S5150	15 min	This code is used to claim payment when respite (short break) is provided to the primary caregiver. Only bill for the time it takes to complete the authorized task. Care must be provided in the eligible individual's home or in a provider's respite home that has been approved by an HCBS Case Manager. (One (1) unit = 15 minutes)	Yes	Professional	Yes	Provider must have a cognitive endorsement. Care may be provided and billed for the day that someone goes into the hospital/swing bed/ nursing home or comes home from the hospital/swing bed/ nursing home as long as the individual was present in the home when the care is provided.
Respite Care - Institutional	S5151	per day	This code is used when respite care (short break) is provided in a hospital, hospital swing-bed or nursing facility. Payment can be claimed for the day of "admission" into institutional respite, but cannot be claimed for the day of "discharge". This also applies to absences from the facility for example admission to the hospital. Payment is not allowed for the day the eligible individual entered the hospital but the provider can bill for the day the eligible individual returns to the facility. (One (1) unit = 1 calendar day). 1 hour of consecutive care must be provided and documented each day to claim a daily rate.	No	Professional	Yes	Providers cannot be paid more than the current swing bed rate in 1 day.
Specialized Equipment	T2028	per item	This code is use to claim payment when a piece of specialized equipment or supplies have been provided to the eligible individual. (One (1) unit is based on the costs proposal)	No	Professional	Yes	

Supervision	S5135	15 min	This code is used to claim payment for up to (24) hours of supervision provided to an eligible individual and can only be provided in the individual's home. Supervision services must be provided by awake staff. Payment for this service cannot be claimed for time providing personal care, or homemaker, or any other service. Those tasks should be billed using the correct procedure code for that service. (One (1) units = 15 min)	Yes	Professional	Yes	Providers must have a cognitive endorsement. Care may be provided and billed for the day that someone goes into the hospital/swing bed/ nursing home or comes home from the hospital/swing bed/ nursing home as long as the individual was present in the home when the care is provided.
Supported Employment	T2019	15 min	This code is used to claim payment for intensive, on-going support to individuals to perform in a work setting with necessary adaptations, supervision, and training appropriate to the individual's needs. This service does not duplicate supervision or training activities provided in a typical business setting by an employees supervisor. One (1) unit = 15 minutes)	No	Professional	Yes	Care may be provided and billed for the day that someone goes into the hospital/swing bed/ nursing home or comes home from the hospital/swing bed/ nursing home as long as the individual was present in the home when the care is provided.
Transition Coordination	T2038	15 min	This code is used to claim payment for providing community transition services to eligible individuals to plan a move from a institution or other provider operated living arrangement to a private residence where they can receive necessary care. (One (1) units = 15 min)	No	Professional	Yes	Care may be provided and billed for the day that someone goes into the hospital/swing bed/ nursing home or comes home from the hospital/swing bed/ nursing home as long as the individual was present in the home when the care is provided.
Transition Living	T2021	15 min	This code is used to claim payment when performing and/or training the eligible individual, who lives in a private residence, in tasks and activities as described in the individual plan of care. (One (1) unit = 15 minutes)	Yes	Professional	Yes	Care may be provided and billed for the day that someone goes into the hospital/swing bed/ nursing home or comes home from the hospital/swing bed/ nursing home as long as the individual was present in the home when the care is provided.
Waiver Personal Care - unit rate	S5100	15 min	This code is used to claim payment when waiver personal care and supervision is provided for portions of a calendar day. Only bill for the time it takes to complete the authorized task. Waiver personal care service and supervision may be performed inside or outside the client's home when the eligible individual is present. Billing for services outside the local trade area is allowed; however, you must discuss any limitations with the HCBS Case Manager. Services can be provided out of state with approval from Program Administration. The number of services provided on each calendar day must be shown on the billing document. Span billing is not allowed. (15 min of services = 1 billing unit)	Yes	Professional	Yes	Care may be provided and billed for the day that someone goes into the hospital/swing bed/ nursing home or comes home from the hospital/swing bed/ nursing home as long as the individual was present in the home when the care is provided.