

MILLIMAN REPORT

2025 Social and Human Service Programs Review: Reimbursement Rates

State of Rhode Island, Office of the Health Insurance Commissioner

December 30, 2024

Ian McCulla, FSA, MAAA, Principal and Consulting Actuary
Zach Hunt, ASA, MAAA, Consulting Actuary





Table of Contents

BACKGROUND	1
EXECUTIVE SUMMARY	2
METHODOLOGY	5
RHODE ISLAND SOCIAL AND HUMAN SERVICE PROGRAMS REIMBURSEMENT	5
LIMITATIONS AND DATA RELIANCE	7
APPENDIX 1: MMIS FEE SCHEDULE FOR SELECTED SERVICES	

Background

Milliman, Inc. (Milliman) has been retained by the State of Rhode Island Office of the Health Insurance Commissioner (OHIC) to conduct a comprehensive review of all social and human service programs having a contract with or licensed by the state, inclusive of the State of Rhode Island Executive Office of Health and Human Services (EOHHS) and the state agencies under its purview. This review is required by State of Rhode Island General Laws (RIGL) § 42-14.5-3(t). This statute requires nine assessments covering various rate and programmatic elements of the social and human service programs, with a final assessment being a culmination of the prior nine assessments. Social and human service programs include services in the following subject areas: social, mental health, developmental disability, child welfare, juvenile justice, prevention services, habilitative, rehabilitative, substance use disorder treatment, residential care, adult/adolescent day services, vocational, employment and training, and aging. As a whole, this series of reports may be used as one set of resources to provide education and insight into current Rhode Island social and human service programs' provider reimbursement and programmatic structure.

The first iteration of the Social and Human Service Programs Review was completed in 2023, culminating in the publication of the final report on September 1, 2023. The mandated public meeting subsequently took place on September 22, 2023¹. This report is part of the 2025 cycle of the review, which is scheduled to conclude with the release of the final report by September 1, 2025, followed by a public meeting in September 2025.

The rate recommendations included in the final September 1, 2023, report were focused on the Medicaid program. The recommended rates were largely adopted and funded by the State of Rhode Island with an effective date of October 1, 2024, and applied to both the Medicaid FFS and managed care programs. The status of the rate implementation (along with other rate initiatives) is available on the EOHHS website².

This report addresses RIGL § 42-14.5-3(t) task 1: "an assessment and detailed reporting on social and human services program rates, including rates currently being paid and the date of the last increase." It provides an inventory of provider reimbursement rates for services within the scope of this review and the last date these rates were modified. In addition, this report provides an overview of Rhode Island reimbursement initiatives and other factors influencing provider reimbursement levels. The purpose of this report is to identify the services subject to the rate review mandated by RIGL § 42-14.5-3(t) and document the corresponding rates and the dates of their last modification.

¹ The reports and meeting material for the Social and Human Service Programs Review is available at <https://ohic.ri.gov/regulatory-review/social-and-human-service-programs-review>.

² For more information see <https://eohhs.ri.gov/FY25-Medicaid-Rates>

Executive Summary

For purposes of this and other reports on reimbursement rates required by RIGL § 42-14.5-3(t), we define social and human service program rates as those in which the state has a contract with a nonstate entity to provide services on a fee-for-service (FFS) basis. Based on the 2023 Social and Human Service Programs Review and discussions with OHIC, this report is focused on services provided through the Medicaid program. Medicaid managed care program provider reimbursement rates are not included in this report due to the proprietary nature of such reimbursement. However, OHIC may evaluate the impact of changes in the Medicaid FFS fee schedule on the Medicaid managed care programs in formulating its recommendations.

Other reports required by the statute will focus on programmatic elements rather than service rates. In these situations, additional programs that provide services that do not meet the aforementioned definition of in-scope may still be included in the scope of reports with a programmatic focus.

Appendix 1 provides the summary of the assessment on social and human services program rates, including the in-scope services, the rate currently being paid, and the date of the last increase³. Appendix 1 illustrates the reimbursement rates for services paid for via FFS reimbursement through Rhode Island's Medicaid Management Information System (MMIS)⁴, which is used to reimburse providers for most Medicaid services.

Utilization data has been collected and is included in *Social and human service programs review: Utilization trends* report (Utilization Trends Report), the third statutorily required assessment. The utilization data in the Utilization Trends Report is used to understand the scope and expenditure basis of the services reported in Appendix 1, including Medicaid managed care service utilization. Figure 1 provides a summary view of the expenditures by service category for MMIS services using FFS claims incurred in state fiscal year (SFY) 2024 and paid through October 15, 2024.

FIGURE 1: STATE FISCAL YEAR 2024 MEDICAID FFS EXPENDITURES

MAJOR SERVICE CATEGORY	FFS EXPENDITURES (\$Millions)
Intellectual and Developmental Disability Services	\$ 402.8
Nursing Home and Hospice	344.0
Home and Community Based Services	133.1
Hospital	173.7
Behavioral Health Services	29.5
Children's Services	44.0
Physician / Advanced Practice Providers	6.6
RICLAS	25.4
Other	92.1
Total	\$ 1,245.8
Total for I/DD, HCBS, BH Services, and Children's Services	\$ 609.4

Notes

1. FFS expenditures included in this analysis were incurred in SFY 2024 and paid through October 15, 2024.
2. Managed care organization expenditures are excluded. FFS claims associated with the RItE Share (identified using program indicator codes) or managed care program (identified using provider type code) are excluded.
3. Claims paid during SFY 2024 do not reflect the reimbursement rates revised as of October 1, 2024, based on the 2023 OHIC Social and Human Service Programs Review.

Social and human service programs reimbursed through the MMIS were categorized into following major service categories: home and community-based services (HCBS), behavioral health (BH) providers, intellectual and developmental disability (I/DD) services, and children's services. The remainder of this report focuses on these service categories.

³ The effective date in Appendix 1 reflects the date reimbursement became effective for the current service code. The last rate change for services that changed billing codes may be prior to the date illustrated in Appendix 1.

⁴ The MMIS fee schedule can be accessed at <https://providersearch.riproviderportal.org/ProviderSearchEOHHS/FFSFeeSchedule.aspx>

Figure 2 provides further detail on the social and human services, illustrating SFY 2024 expenditures for the identified major service categories at a more granular level. In addition, the most recent rate change for services within each service category is illustrated. For example, the 81% illustrated for the Children’s services Home Visiting Program service category indicates that 81% of the SFY 2024 Home Visiting Program Medicaid expenditures are associated with a service that last received a rate modification in SFY 2024. As illustrated by Figure 2, most services received a rate modification in SFY 2025 based on the 2023 OHIC Social and Human Service Programs Review.

FIGURE 2: SFY 2024 MEDICAID FFS EXPENDITURES BY DATE OF RATE CHANGE

MAJOR CATEGORY	SERVICE CATEGORY	TOTAL DOLLARS (\$Millions)	SFY 2021 AND PRIOR	SFY 2022	SFY 2023	SFY 2024	SFY 2025
Behavioral Health Services	Acute Stabilization	\$ 1.7	0%	45%	0%	0%	55%
Behavioral Health Services	Assertive Community Treatment	5.5	0%	0%	0%	0%	100%
Behavioral Health Services	Integrated Health Homes	8.8	0%	0%	0%	0%	100%
Behavioral Health Services	Crisis Intervention	0.0	0%	0%	0%	0%	100%
Behavioral Health Services	Intensive Outpatient Programs	0.0	0%	0%	0%	0%	100%
Behavioral Health Services	Mental Health Clubhouse	0.2	0%	0%	0%	0%	100%
Behavioral Health Services	Mental Health Residential	6.0	0%	0%	0%	0%	100%
Behavioral Health Services	Peer Recovery Services	0.4	0%	0%	0%	0%	100%
Behavioral Health Services	Rehabilitation	4.2	0%	0%	0%	0%	100%
Behavioral Health Services	Substance Use Rehabilitation	0.8	0%	0%	0%	0%	100%
Behavioral Health Services	SUD Residential	0.2	0%	0%	0%	0%	100%
Behavioral Health Services	Supported Employment	0.2	0%	0%	0%	0%	100%
Behavioral Health Services	Therapy / Office Visits / Assessments	1.6	4%	0%	0%	0%	96%
Children's Services	Cedar	0.0	0%	0%	0%	0%	100%
Children's Services	CRAFT	5.4	0%	0%	0%	0%	100%
Children's Services	Early Intervention	4.2	0%	0%	0%	0%	100%
Children's Services	Home Visiting and Residential Programs	8.2	0%	0%	0%	81%	19%
Children's Services	Home/Center-Based Therapeutic Services	16.0	0%	0%	0%	0%	100%
Children's Services	Local Education Agency	10.3	0%	0%	0%	0%	100%
I/DD	Center-Based	7.8	0%	0%	0%	100%	0%
I/DD	Community Supports	145.7	0%	0%	4%	96%	0%
I/DD	Employment	20.9	0%	0%	21%	79%	0%
I/DD	Professional Services	1.4	0%	0%	0%	100%	0%
I/DD	Residential	183.6	0%	0%	0%	100%	0%
I/DD	Self-Direction	5.4	0%	0%	2%	98%	0%
I/DD	Shared Living	21.0	0%	0%	0%	100%	0%
I/DD	Other	17.0	0%	0%	0%	0%	100%

HCBS	Adult Day	6.5	0%	0%	0%	0%	100%
HCBS	Assisted Living Facility	20.4	0%	0%	0%	0%	100%
HCBS	Case Management	6.5	0%	12%	0%	1%	87%
HCBS	Day Habilitation	0.4	0%	0%	0%	0%	100%
HCBS	Home Care	82.8	0%	0%	0%	0%	100%
HCBS	Home Health	0.8	0%	0%	0%	0%	100%
HCBS	Home Meal Delivery	0.7	0%	0%	0%	0%	100%
HCBS	Hospice	1.0	0%	0%	0%	0%	100%
HCBS	Independent Provider	0.3	100%	0%	0%	0%	0%
HCBS	Self-Directed	1.0	0%	0%	0%	0%	100%
HCBS	Severely Disabled Nursing Homecare	5.6	0%	0%	0%	0%	100%
HCBS	Shared Living Agency	7.2	0%	0%	0%	0%	100%
TOTAL		\$ 609.4	0%	0%	2%	63%	35%

Notes

1. Figure reflects FFS expenditures and rate change dates. Managed care organization expenditures and rate changes are excluded. The rate change distribution is based on Medicaid services listed in Appendix 1
2. Service coding changes result in a rate effective date change in the Medicaid fee schedule and are included as rate changes in Figure 2 and Appendix 1.
3. The rate change date listed for Self-Directed reflects reimbursement rate changes for the fiscal intermediary. Self-directed personal care worker rates are not available on the MMIS fee schedule given the nature of the payment arrangement.
4. The Independent Provider program reimbursement rates were end-dated October 20, 2023.
5. Values have been rounded.

Methodology

SOCIAL AND HUMAN SERVICE PROGRAM RATES SCOPE

The services in scope of the review for this report include the procedure codes included in the 2023 OHIC Social and Human Service Programs Review. In addition, the following types of services were added to the scope of review based on discussions with EOHHS on the implementation of the rate recommendations and other stakeholder feedback:

- New I/DD services effective July 1, 2024, based on the BHDDH rate and payment methodology review project.
- New services identified through stakeholder feedback primarily including local education agency, community health workers, housing.
- Expanded modifier combinations for program indicator code and procedure codes combinations included in the 2023 rate review.
- Expanded program indicator codes for procedure code and modifier combinations included in the 2023 rate review.

The service codes included based on the last two bullets accounted for less than \$0.5 million of FFS expenditures in SFY 2024.

The services outlined in Appendix 1 of this report were determined to be in scope of the Social and Human Service Programs rate review. Medicaid managed care program provider reimbursement rates are not included in this report due to the proprietary nature of such reimbursement. However, OHIC may evaluate the impact of changes in the Medicaid FFS fee schedule on the Medicaid managed care programs in formulating its recommendations.

APPENDIX DEVELOPMENT

The primary data source for Appendix 1 is the Medicaid fee schedule as of November 4, 2024. To be included in Appendix 1, the service must fall under one of the following major service categories:

- **Behavioral health providers.** Providers of mental health and substance use services, including outpatient, residential, and mobile services.
- **Children's services.** Therapeutic services, family home visiting programs, case management, and residential services for children.
- **HCBS.** Health and human services designed to enable people with physical disabilities to stay in their homes.
- **I/DD services.** Services for members with intellectual and development disabilities.

The Rhode Island Medicaid fee schedule was used to demonstrate the current reimbursement rate and the date of last rate change for these services. The "Effective Date" reflects the date of the last rate change as of October 1, 2024. The effective date in Appendix 1 reflects the date reimbursement became effective for the current service code. The last rate change for services that changed billing codes may be prior to the date illustrated in Appendix 1.

Rhode Island Social and Human Service Programs Reimbursement

Rhode Island and other state Medicaid programs are increasing provider reimbursement rates, particularly for social and human service programs. According to the Kaiser Family Foundation's (KFF) 2024 Budget Survey, 39 states implemented an increase in HCBS provider rates and 34 states raised rates for outpatient behavioral health clinicians in SFY 2024. The number of states raising reimbursement rates for these types of providers exceeded that of any other provider type surveyed by KFF⁵.

⁵ Hinton, E., *et al.*, Oct 23, 2024. As Pandemic-Era Policies End, Medicaid Programs Focus on Enrollee Access and Reducing Health Disparities Amid Future Uncertainties: Results from an Annual Medicaid Budget Survey for State Fiscal Years 2024 and 2025 - Provider Rates and Taxes. KFF. <https://www.kff.org/report-section/50-state-medicaid-budget-survey-fy-2024-2025-provider-rates-and-taxes/>

The following list details recent reimbursement initiatives and other contextual factors impacting provider reimbursement for social and human service programs in Rhode Island.

- **Medicaid FFS fee schedule changes.** As illustrated in Figure 2, Rhode Island increased reimbursement for nearly all social and human service programs in SFY 2025 based on the 2023 Social and Human Service Programs Review. Services with the date of last rate increase prior to SFY 2025 represent services with a recommended rate decreases in the 2023 rate review (rate decreases were not implemented) and new services to the 2025 rate review cycle (as described above). In addition, Rhode Island had invested in targeted rate increases for specific services prior to the 2023 Social and Human Service Programs Review for services such as home delivered meals, early intervention, and home-based services.
- **Medicaid managed care.** Many social and human services are provided through Medicaid managed care programs. Reimbursement rates for these services provided by the Medicaid managed care organizations (MCOs) may vary from the Medicaid fee schedule. However, EOHHS required that MCOs reimburse providers for services included in the 2023 Social and Human Service Programs Review at or above the Medicaid fee schedule rates effective October 1, 2024. More information on utilization of social and human service programs in Medicaid managed care is available in the Utilization Trends Report.
- **Consent decree.** Rhode Island has entered into a consent decree with the United States Department of Justice⁶ to transform its intellectual and developmental disabilities service system. This consent decree requires that the Medicaid reimbursable rate support the starting wage for support staff at \$18 per hour beginning July 1, 2022, and \$20 per hour beginning July 1, 2023. Rhode Island has restructured its intellectual and developmental disability services in accordance with this consent decree and the related Rate and Payment Methodology Review project⁷.
- **Certified Community Behavioral Health Clinics (CCBHCs).** The CCBHC initiative, launched on October 1, 2024, provides a comprehensive range of mental health and substance use services. These services are reimbursed through an alternative payment model, which offers providers a monthly rate for a predetermined set of behavioral health services and interventions⁸. This program is expected to significantly reduce the volume of behavioral health services paid on a FFS basis. However, while the amount of behavioral health services paid on an FFS basis will decrease with the implementation of the CCBHC program, existing services will continue to be paid on an FFS basis for providers not participating in the CCBHC program. Therefore, the total number of unique behavioral health services subject to this review will remain unchanged.
- **Legislatively mandated annual rate changes.** Reimbursement rates for home health, hospice, home care⁹, and home delivered meals¹⁰ are increased on an annual basis per Rhode Island statute. Home care, home health, and hospice rates are increased by the New England Consumer Price Index, and home delivered meal rates are increased based on the CPI-U for New England: Food at Home.

Appendix 1 of this report provides the current reimbursement rate and date of last update information required by RIGL § 42-14.5-3(t). This information should be evaluated in the context of current Rhode Island reimbursement initiatives, competitive labor market, and economic environment. The other reports required by RIGL § 42-14.5-3(t) provide additional context on the social and human service program rates, including utilization data, rate benchmarking, and other qualitative information.

⁶ United States of America v. State of Rhode Island, Case No. CA14-175 (United States District Court, District of Rhode Island April 9, 2014). <https://bhddh.ri.gov/sites/g/files/xkgbur411/files/2021-03/ri-olmstead-statewide-agreement.pdf>.

⁷ For more information see <https://bhddh.ri.gov/developmental-disabilities/initiatives/rate-and-payment-methodology-review-project>.

⁸ For more information see <https://eohhs.ri.gov/initiatives/certified-community-behavioral-health-clinics-ccbhc>.

⁹ Medical Assistance- Long-term Care Services and Finance Reform, R.I. Gen. Laws § 40-8.9-9 (2021). <http://webserver.rilin.state.ri.us/statutes/title40/40-8.9/40-8.9-9.htm>.

¹⁰ House Bill 7123, Substitute A as amended. Making appropriations for the support of the state for the fiscal year ending June 30, 2023, (2022). <https://webserver.rilegislature.gov/BillText22/HouseText22/H7123Aaa.pdf>.

Limitations and Data Reliance

The information contained in this correspondence, including any enclosures, has been prepared for the State of Rhode Island, Office of the Health Insurance Commissioner (OHIC) and their advisors. Milliman's work is prepared solely for the use and benefit of the State of Rhode Island, Office of the Health Insurance Commissioner (OHIC) in accordance with its statutory and regulatory requirements. Milliman recognizes this report will be public record subject to disclosure to third parties; however, Milliman does not intend to benefit and assumes no duty or liability to any third parties who receive Milliman's work. To the extent that the information contained in this correspondence is provided to any third parties, the correspondence should be distributed in its entirety.

Milliman has developed certain models to estimate the values included in this correspondence. The intent of the models was to summarize SFY 2024 Medicaid FFS expenditures and review the scope of services subject to the Social and Human Service Programs Review. We have reviewed the models, including their inputs, calculations, and outputs for consistency, reasonableness, and appropriateness to the intended purpose and in compliance with generally accepted actuarial practice and relevant actuarial standards of practice (ASOP). The models rely on data and information as input to the models. We have relied upon certain data and information provided by OHIC for this purpose and accepted it without audit. To the extent that the data and information provided is not accurate, or is not complete, the values provided in this correspondence may likewise be inaccurate or incomplete. Milliman's data and information reliance includes the sources discussed in this correspondence. The models, including all input, calculations, and output may not be appropriate for any other purpose.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. Ian McCulla and Zach Hunt are members of the American Academy of Actuaries and meet the qualification standards for performing the analyses in this report.

Appendix 1: MMIS Fee Schedule for Selected Services

State of Rhode Island
Office of the Health Insurance Commissioner
Appendix 1
Medicaid Fee Schedule

Major Service Category	Detailed Service Category	Program Indicator Code	Program Description	Procedure Code Description	Procedure Code	Mod				Current Rate	Effective Date
						Mod 1	Mod 2	Mod 3	Mod 4		
Behavioral Health Services	Acute Stabilization	MBL010	Behavioral Healthcare Link BH	Crisis intervention mental health services, per diem	S9485					701.66	10/1/2024
Behavioral Health Services	Acute Stabilization	MAS010	Behavioral Health Acute	Adult mh residential service	X0341					548.13	10/1/2024
Behavioral Health Services	Acute Stabilization	MMH010	Adult Mental Health	Adult mh residential service	X0341					185.03	10/1/2024
Behavioral Health Services	Acute Stabilization	MAS010	Behavioral Health Acute	Adult mh residential service	X0341	HH	TG			394.00	4/1/2022
Behavioral Health Services	Acute Stabilization	MMH010	Adult Mental Health	Adult mh residential service	X0341	U1				1564.60	7/1/2015
Behavioral Health Services	Assertive Community Treatment	MBA010	Assertive Community Treatment	Assertive community treatment program, per diem	H0040					51.39	10/1/2024
Behavioral Health Services	Crisis Intervention	[Blank]	General Medicaid	Crisis intervention service, per 15 minutes	H2011					31.92	10/1/2024
Behavioral Health Services	Crisis Intervention	MMH015	Adult Mental Health	Crisis intervention service, per 15 minutes	H2011	U1				47.22	10/1/2024
Behavioral Health Services	Integrated Health Homes	MBI010	Integrated Health Home	Community psychiatric supportive treatment program, per diem	H0037					18.95	10/1/2024
Behavioral Health Services	Intensive Outpatient Program	MSA010	Substance Abuse Services	Alcohol and/or drug services; intensive outpatient, including assessment, counseling; crisis intervention	H0015	HF				115.23	10/1/2024
Behavioral Health Services	Mental Health Clubhouse	MHP015	Clubhouse	Mental health clubhouse services, per diem	H2031					62.97	10/1/2024
Behavioral Health Services	Mental Health Residential	MMH015	Adult Mental Health	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	H0019					107.04	10/1/2024
Behavioral Health Services	Mental Health Residential	MMH015	Adult Mental Health	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	H0019	U1				107.04	10/1/2024
Behavioral Health Services	Mental Health Residential	MMH015	Adult Mental Health	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	H0019	U3				157.42	10/1/2024
Behavioral Health Services	Mental Health Residential	MMH015	Adult Mental Health	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	H0019	U4				157.42	10/1/2024
Behavioral Health Services	Mental Health Residential	MMH015	Adult Mental Health	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	H0019	U5				220.38	10/1/2024
Behavioral Health Services	Mental Health Residential	MMH015	Adult Mental Health	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	H0019	U6				569.99	10/1/2024
Behavioral Health Services	Peer Recovery Services	MBP010	Peer Support Services-MH	Self-help/peer services, per 15 minutes	H0038	U2				16.23	10/1/2024
Behavioral Health Services	Peer Recovery Services	MBP010	Peer Support Services-MH	Self-help/peer services, per 15 minutes	H0038	U2	HQ			4.71	10/1/2024
Behavioral Health Services	Peer Recovery Services	MBP010	Peer Support Services-MH	Self-help/peer services, per 15 minutes	H0038	U2	HQ	HH		2.94	10/1/2024
Behavioral Health Services	Peer Recovery Services	MBP011	Peer Support Services-SA	Self-help/peer services, per 15 minutes	H0038	U3	HQ			16.23	10/1/2024
Behavioral Health Services	Peer Recovery Services	MBP011	Peer Support Services-SA	Self-help/peer services, per 15 minutes	H0038	U3	HQ	HH		4.71	10/1/2024
Behavioral Health Services	Peer Recovery Services	MBP011	Peer Support Services-SA	Self-help/peer services, per 15 minutes	H0038	U3	HQ	HH		2.94	10/1/2024
Behavioral Health Services	Rehabilitation	[Blank]	General Medicaid	Rehabilitation program, per 1/2 day	H2001					327.57	10/1/2024
Behavioral Health Services	Rehabilitation	[Blank]	General Medicaid	Rehabilitation program, per 1/2 day	H2001	TG				327.57	10/1/2024
Behavioral Health Services	Substance Use Rehabilitation	MSA010	Substance Abuse Services	Alcohol and/or drug services	H0018	HA				125.00	1/1/2016
Behavioral Health Services	Substance Use Rehabilitation	MSA010	Substance Abuse Services	Alcohol and/or drug services	H0018	TG				225.00	2/1/2015
Behavioral Health Services	Substance Use Rehabilitation	MSA010	Substance Abuse Services	Alcohol and/or drug services; methadone administration and or service	H0020					19.71	10/1/2024
Behavioral Health Services	Substance Use Rehabilitation	MBO020	Opioid Treatment Program	Community psychiatric supportive treatment program, per diem	H0037					13.07	10/1/2024
Behavioral Health Services	Substance Use Rehabilitation	MBR010	Recovery Navigation Program	Alcohol and/or other drug treatment program, per diem	H2036					422.50	11/1/2018
Behavioral Health Services	Substance Use Rehabilitation	MSA010	Substance Abuse Services	Alcohol and/or other drug treatment program, per diem	H2036					134.11	10/1/2024
Behavioral Health Services	Substance Use Rehabilitation	MSA010	Substance Abuse Services	Alcohol and/or other drug treatment program, per diem	H2036	HA				134.11	10/1/2024
Behavioral Health Services	SUD Residential	MSA010	Substance Abuse Services	Short term residential - non-hospital residential treatment program; per diem	H0018	UD				202.80	10/1/2024
Behavioral Health Services	SUD Residential	MSA010	Substance Abuse Services	Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient); per diem	H0010	UD				361.17	10/1/2024
Behavioral Health Services	SUD Residential	MSA010	Substance Abuse Services	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient); per diem	H0011	UD				596.23	10/1/2024
Behavioral Health Services	Supported Employment	MMH015	Adult Mental Health	Supported employment, per 15 minutes	H2023					26.76	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	[Blank]	General Medicaid	Interactive complexity	90785					3.80	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	[Blank]	General Medicaid	Psychiatric diagnostic evaluation without medical services	90791					197.01	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MBH010	Behavioral Health Services DHS	Psychiatric diagnostic evaluation without medical services	90791					197.01	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MBH015	Behavioral Services Non-DCYF	Psychiatric diagnostic evaluation without medical services	90791					197.01	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MPP040	Co-located Connect Care Choice	Psychiatric diagnostic evaluation without medical services	90791					197.01	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MRC040	Former Unity RHO Behavioral Health	Psychiatric diagnostic evaluation without medical services	90791					197.01	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MRC041	Former Unity RHO Behavioral Health	Psychiatric diagnostic evaluation without medical services	90791					197.01	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	[Blank]	General Medicaid	Psychiatric diagnostic evaluation without medical services	90791	95				197.01	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	[Blank]	General Medicaid	Psychiatric diagnostic evaluation without medical services	90791	AJ				131.75	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MMH015	Adult Mental Health	Psychiatric diagnostic evaluation without medical services	90791	AJ				131.75	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MPP040	Co-located Connect Care Choice	Psychiatric diagnostic evaluation without medical services	90791	AJ				131.75	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	[Blank]	General Medicaid	Psychiatric diagnostic evaluation without medical services	90791	CR				197.01	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	[Blank]	General Medicaid	Psychiatric diagnostic evaluation without medical services	90791	HF				118.00	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MMH015	Adult Mental Health	Psychiatric diagnostic evaluation without medical services	90791	HF				118.00	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	[Blank]	General Medicaid	Psychiatric diagnostic evaluation without medical services	90791	HO				131.75	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MMH015	Adult Mental Health	Psychiatric diagnostic evaluation without medical services	90791	HO				131.75	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MBH010	Behavioral Health Services DHS	Psychiatric diagnostic evaluation without medical services	90791	HP				164.18	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MBH015	Behavioral Services Non-DCYF	Psychiatric diagnostic evaluation without medical services	90791	HP				164.18	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MMH015	Adult Mental Health	Psychiatric diagnostic evaluation without medical services	90791	HP				164.18	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MPP040	Co-located Connect Care Choice	Psychiatric diagnostic evaluation without medical services	90791	HP				164.18	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MMH015	Adult Mental Health	Psychiatric diagnostic evaluation without medical services	90791	TD				141.39	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MPP040	Co-located Connect Care Choice	Psychiatric diagnostic evaluation without medical services	90791	U1				197.01	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MMH015	Adult Mental Health	Psychiatric diagnostic evaluation without medical services	90791	UA				121.01	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	[Blank]	General Medicaid	Psychiatric diagnostic evaluation with medical services	90792					370.89	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MMH015	Adult Mental Health	Psychiatric diagnostic evaluation with medical services	90792					370.89	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MPP040	Co-located Connect Care Choice	Psychiatric diagnostic evaluation with medical services	90792					370.89	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MRC040	Former Unity RHO Behavioral Health	Psychiatric diagnostic evaluation with medical services	90792					370.89	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MRC041	Former Unity RHO Behavioral Health	Psychiatric diagnostic evaluation with medical services	90792					370.89	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	[Blank]	General Medicaid	Psychiatric diagnostic evaluation with medical services	90792	95				370.89	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MPP040	Co-located Connect Care Choice	Psychiatric diagnostic evaluation with medical services	90792	AJ				227.57	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	[Blank]	General Medicaid	Psychiatric diagnostic evaluation with medical services	90792	CR				370.89	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MPP040	Co-located Connect Care Choice	Psychiatric diagnostic evaluation with medical services	90792	HP				227.57	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	[Blank]	General Medicaid	Psychiatric diagnostic evaluation with medical services	90792	TD		TF		227.57	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MMH015	Adult Mental Health	Psychiatric diagnostic evaluation with medical services	90792	TD		TF		227.57	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MPP040	Co-located Connect Care Choice	Psychiatric diagnostic evaluation with medical services	90792	U1				370.89	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	[Blank]	General Medicaid	Psychotherapy, 30 minutes with patient and/or family member	90832					62.39	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MBH010	Behavioral Health Services DHS	Psychotherapy, 30 minutes with patient and/or family member	90832					62.39	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MBH015	Behavioral Services Non-DCYF	Psychotherapy, 30 minutes with patient and/or family member	90832					62.39	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MRC040	Former Unity RHO Behavioral Health	Psychotherapy, 30 minutes with patient and/or family member	90832					62.39	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MRC041	Former Unity RHO Behavioral Health	Psychotherapy, 30 minutes with patient and/or family member	90832					62.39	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	[Blank]	General Medicaid	Psychotherapy, 30 minutes with patient and/or family member	90832	AJ				53.68	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MMH015	Adult Mental Health	Psychotherapy, 30 minutes with patient and/or family member	90832	AJ				53.68	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	[Blank]	General Medicaid	Psychotherapy, 30 minutes with patient and/or family member	90832	HF				49.17	10/1/2024

State of Rhode Island
Office of the Health Insurance Commissioner
Appendix 1
Medicaid Fee Schedule

Major Service Category	Detailed Service Category	Program Indicator Code	Program Description	Procedure Code Description	Procedure Code	Mod				Current Rate	Effective Date
						Mod 1	Mod 2	Mod 3	Mod 4		
Behavioral Health Services	Therapy / Office Visits / Assessments	MMH015	Adult Mental Health	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional	99211					10.14	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MMH015	Adult Mental Health	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional	99211	TD				9.82	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MMH015	Adult Mental Health	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making	99212					56.00	1/1/2016
Behavioral Health Services	Therapy / Office Visits / Assessments	MMH015	Adult Mental Health	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making	99212	TD	TF			47.60	1/1/2016
Behavioral Health Services	Therapy / Office Visits / Assessments	MMH015	Adult Mental Health	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity	99213					78.00	1/1/2016
Behavioral Health Services	Therapy / Office Visits / Assessments	MMH015	Adult Mental Health	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity	99213	TD	TF			66.30	1/1/2016
Behavioral Health Services	Therapy / Office Visits / Assessments	MMH015	Adult Mental Health	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; medical decision making of moderate complexity	99214					128.78	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MMH015	Adult Mental Health	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; medical decision making of moderate complexity	99214	TD	TF			100.30	1/1/2016
Behavioral Health Services	Therapy / Office Visits / Assessments	MMH015	Adult Mental Health	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity	99215					206.05	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MMH015	Adult Mental Health	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity	99215	TD	TF			125.80	1/1/2016
Behavioral Health Services	Therapy / Office Visits / Assessments	[Blank]	General Medicaid	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified healthcare professional, per calendar month, with the following required elements	99484					27.86	1/1/2018
Behavioral Health Services	Therapy / Office Visits / Assessments	MSA010	Substance Abuse Services	Alcohol and/or drug assessment	H0001					142.17	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MBH090	Children's Intensive Services DHS	Behavioral health counseling and therapy, per 15 minutes	H0004					34.26	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MSA010	Substance Abuse Services	Behavioral health counseling and therapy, per 15 minutes	H0004					34.26	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MBH010	Behavioral Health Services DHS	Behavioral health counseling and therapy, per 15 minutes	H0004	AH				34.26	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MBH010	Behavioral Health Services DHS	Behavioral health counseling and therapy, per 15 minutes	H0004	AJ				34.26	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MBH010	Behavioral Health Services DHS	Behavioral health counseling and therapy, per 15 minutes	H0004	HO				34.26	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MBH015	Behavioral Services Non-DCYF	Behavioral health counseling and therapy, per 15 minutes	H0004	HO				34.26	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MBH015	Behavioral Services Non-DCYF	Behavioral health counseling and therapy, per 15 minutes	H0004	HO	HR			34.26	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MBH015	Behavioral Services Non-DCYF	Behavioral health counseling and therapy, per 15 minutes	H0004	HO	HS			34.26	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MDC020	DCYF Sexual Abuse Codes	Behavioral health counseling and therapy, per 15 minutes	H0004	HQ				22.27	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MBH010	Behavioral Health Services DHS	Behavioral health counseling and therapy, per 15 minutes	H0004	HQ	AJ			11.13	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MBH015	Behavioral Services Non-DCYF	Behavioral health counseling and therapy, per 15 minutes	H0004	HQ	AJ			11.13	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MBH010	Behavioral Health Services DHS	Behavioral health counseling and therapy, per 15 minutes	H0004	HQ	HO			11.13	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MDC020	DCYF Sexual Abuse Codes	Behavioral health counseling and therapy, per 15 minutes	H0004	HQ	HO			22.27	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MBH010	Behavioral Health Services DHS	Behavioral health counseling and therapy, per 15 minutes	H0004	HQ	HP			11.13	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MBH015	Behavioral Services Non-DCYF	Behavioral health counseling and therapy, per 15 minutes	H0004	HQ	HP			11.13	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MDC020	DCYF Sexual Abuse Codes	Behavioral health counseling and therapy, per 15 minutes	H0004	HQ	HP			22.27	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MBH010	Behavioral Health Services DHS	Behavioral health counseling and therapy, per 15 minutes	H0004	HQ	TD			11.13	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MBH015	Behavioral Services Non-DCYF	Behavioral health counseling and therapy, per 15 minutes	H0004	HQ	TD			11.13	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MDC020	DCYF Sexual Abuse Codes	Behavioral health counseling and therapy, per 15 minutes	H0004	HR				34.26	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MDC020	DCYF Sexual Abuse Codes	Behavioral health counseling and therapy, per 15 minutes	H0004	HR	HO			34.26	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MDC020	DCYF Sexual Abuse Codes	Behavioral health counseling and therapy, per 15 minutes	H0004	HR	HP			34.26	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MBH010	Behavioral Health Services DHS	Behavioral health counseling and therapy, per 15 minutes	H0004	HS	HO			34.26	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MBH010	Behavioral Health Services DHS	Behavioral health counseling and therapy, per 15 minutes	H0004	TD				34.26	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MBH015	Behavioral Services Non-DCYF	Behavioral health counseling and therapy, per 15 minutes	H0004	TD				34.26	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MSA010	Substance Abuse Services	Alcohol and/or drug services; group counseling by a clinician	H0005					47.34	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MBH010	Behavioral Health Services DHS	Mental health assessment, by non-physician	H0031	AJ				143.13	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MBH015	Behavioral Services Non-DCYF	Mental health assessment, by non-physician	H0031	AJ				143.13	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MBH010	Behavioral Health Services DHS	Mental health assessment, by non-physician	H0031	HO				143.13	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MBH015	Behavioral Services Non-DCYF	Mental health assessment, by non-physician	H0031	HO				143.13	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MDC020	DCYF Sexual Abuse Codes	Mental health assessment, by non-physician	H0031	HO				143.13	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MBH010	Behavioral Health Services DHS	Mental health assessment, by non-physician	H0031	HO	H9			100.19	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MDC020	DCYF Sexual Abuse Codes	Mental health assessment, by non-physician	H0031	HP				114.50	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MBH010	Behavioral Health Services DHS	Mental health assessment, by non-physician	H0031	HP	H9			114.50	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MBH010	Behavioral Health Services DHS	Mental health assessment, by non-physician	H0031	TD				143.13	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MBH015	Behavioral Services Non-DCYF	Mental health assessment, by non-physician	H0031	TD				143.13	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MMH015	Adult Mental Health	Community psychiatric supportive treatment, face-to-face, per 15 minutes	H0036	HN				26.76	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	[Blank]	General Medicaid	Mental health services, not otherwise specified	H0046					38.67	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MHP010	Hippotherapy	Mental health services, not otherwise specified	H0046					38.67	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MHP010	Hippotherapy	Mental health services, not otherwise specified	H0046	HO				59.07	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MHP010	Hippotherapy	Mental health services, not otherwise specified	H0046	HO	U1			29.54	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MHP010	Hippotherapy	Mental health services, not otherwise specified	H0046	HP				69.81	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MBH010	Behavioral Health Services DHS	Comprehensive medication services, per 15 minutes	H2010					42.94	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MBH015	Behavioral Services Non-DCYF	Comprehensive medication services, per 15 minutes	H2010					42.94	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MBH010	Behavioral Health Services DHS	Comprehensive medication services, per 15 minutes	H2010	TD				42.94	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MBH090	Children's Intensive Services DHS	Skills training and development, per 15 minutes	H2014					29.54	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MHP010	Hippotherapy	Skills training and development, per 15 minutes	H2014					29.54	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MHP010	Hippotherapy	Skills training and development, per 15 minutes	H2014	HO				29.54	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MHP010	Hippotherapy	Skills training and development, per 15 minutes	H2014	HP				34.91	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MHP010	Hippotherapy	Patient education, not otherwise classified, non-physician provider, group, per session	S9446					23.33	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MFQ010	FOHC Medical and Dental Encounter	Sign language or oral interpreter services	T1013					27.48	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MHP010	Hippotherapy	Sign language or oral interpreter services	T1013					27.48	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MHP010	Hippotherapy	Case management, each 15 minutes	T1016					21.98	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MBH090	Children's Intensive Services DHS	Screening to determine the appropriateness of consideration of an individual for participation in a specified	T1023					354.44	10/1/2024

State of Rhode Island
Office of the Health Insurance Commissioner
Appendix 1
Medicaid Fee Schedule

Major Service Category	Detailed Service Category	Program Indicator Code	Program Description	Procedure Code Description	Procedure Code	Mod				Current Rate	Effective Date
						Mod 1	Mod 2	Mod 3	Mod 4		
Behavioral Health Services	Therapy / Office Visits / Assessments	MHP010	Hippotherapy	Team evaluation & management per encounter	T1024					33.30	10/1/2024
Behavioral Health Services	Therapy / Office Visits / Assessments	MHP010	Hippotherapy	Team evaluation & management per encounter	T1024	TF				33.30	10/1/2024
Children's services	Cedar	MCE010	Cedar Center Services	Comprehensive multidisciplinary evaluation	H2000					236.29	10/1/2024
Children's services	Cedar	MKB010	Katie Beckett Case Management	Comprehensive multidisciplinary evaluation	H2000					236.29	10/1/2024
Children's services	Cedar	MCE010	Cedar Center Services	Community based wrap around services, per 15 minutes	H2021					20.60	10/1/2024
Children's services	Cedar	MKB010	Katie Beckett Case Management	Community based wrap around services, per 15 minutes	H2021					20.60	10/1/2024
Children's services	Cedar	MCE010	Cedar Center Services	Screening to determine the appropriateness of consideration of an individual for participation in a specified	T1023					354.44	10/1/2024
Children's services	Cedar	MKB010	Katie Beckett Case Management	Screening to determine the appropriateness of consideration of an individual for participation in a specified	T1023					354.44	10/1/2024
Children's services	CRAFT	[Blank]	General Medicaid	Bradley Hospital CRAFT services	0154					647.78	10/1/2024
Children's services	CRAFT	MMCO10	General Medicaid	Bradley Hospital CRAFT services	0154					647.78	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Evaluation of speech and sound production	92522					233.29	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Evaluation of speech and sound production	92522					233.29	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Evaluation of speech sound production with evaluation of language comprehension and expression	92523					466.59	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Evaluation of speech sound production with evaluation of language comprehension and expression	92523					466.59	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Evaluation of speech sound production with evaluation of language comprehension and expression	92523	52				233.30	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Evaluation of speech sound production with evaluation of language comprehension and expression	92523	52				233.30	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	92557					50.50	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	92557					50.50	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Developmental testing; extended with interpretation and report, per hour	96111					233.29	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Developmental testing; extended with interpretation and report, per hour	96111					233.29	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Evaluation of physical therapy, typically 20 minutes	97161					233.29	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Evaluation of physical therapy, typically 20 minutes	97161					233.29	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Evaluation of physical therapy, typically 30 minutes	97162					233.29	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Evaluation of physical therapy, typically 30 minutes	97162					233.29	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Evaluation of physical therapy, typically 45 minutes	97163					233.29	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Evaluation of physical therapy, typically 45 minutes	97163					233.29	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Re-evaluation of physical therapy, typically 20 minutes	97164					233.29	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Re-evaluation of physical therapy, typically 20 minutes	97164					233.29	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Evaluation of occupational therapy, typically 30 minutes	97165					233.29	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Evaluation of occupational therapy, typically 30 minutes	97165					233.29	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Evaluation of occupational therapy, typically 45 minutes	97166					233.29	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Evaluation of occupational therapy, typically 45 minutes	97166					233.29	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Evaluation of occupational therapy, established plan of care, typically 60 minutes	97167					233.29	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Evaluation of occupational therapy, established plan of care, typically 60 minutes	97167					233.29	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Re-evaluation of occupational therapy, established plan of care, typically 30 minutes	97168					233.29	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Re-evaluation of occupational therapy, established plan of care, typically 30 minutes	97168					233.29	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Mental health services, not otherwise specified	H0046					73.88	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Mental health services, not otherwise specified	H0046					73.88	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Comprehensive multidisciplinary evaluation	H2000					1064.36	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Comprehensive multidisciplinary evaluation	H2000					1064.36	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Patient education, not otherwise classified, non-physician provider, group, per session	S9446					23.33	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Patient education, not otherwise classified, non-physician provider, group, per session	S9446					23.33	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Patient education, not otherwise classified, non-physician provider, group, per session	S9446	GN				23.33	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Patient education, not otherwise classified, non-physician provider, group, per session	S9446	GN				23.33	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Patient education, not otherwise classified, non-physician provider, group, per session	S9446	GO				23.33	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Patient education, not otherwise classified, non-physician provider, group, per session	S9446	GO				23.33	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Patient education, not otherwise classified, non-physician provider, group, per session	S9446	GP				23.33	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Patient education, not otherwise classified, non-physician provider, group, per session	S9446	GP				23.33	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Patient education, not otherwise classified, non-physician provider, group, per session	S9446	TF				23.33	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Patient education, not otherwise classified, non-physician provider, group, per session	S9446	TF				23.33	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Patient education, not otherwise classified, non-physician provider, group, per session	S9446	TG				29.89	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Patient education, not otherwise classified, non-physician provider, group, per session	S9446	TG				29.89	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Sign language or oral interpreter services	T1013					27.48	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Sign language or oral interpreter services	T1013					27.48	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Sign language or oral interpreter services	T1013	TL				27.48	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Sign language or oral interpreter services	T1013	TL				27.48	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Case management, each 15 minutes	T1016					28.73	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Case management, each 15 minutes	T1016					28.73	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Case management, each 15 minutes	T1016	TF				57.46	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Case management, each 15 minutes	T1016	TF				57.46	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Case management, each 15 minutes	T1016	TG				86.19	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Case management, each 15 minutes	T1016	TG				86.19	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Screening to determine the appropriateness of consideration of an individual for participation in a specified	T1023					354.44	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Screening to determine the appropriateness of consideration of an individual for participation in a specified	T1023					354.44	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Screening to determine the appropriateness of consideration of an individual for participation in a specified	T1023	TL				54.44	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Screening to determine the appropriateness of consideration of an individual for participation in a specified	T1023	TL				54.44	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Team evaluation & management per encounter	T1024					50.50	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Team evaluation & management per encounter	T1024					50.50	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Team evaluation & management per encounter	T1024	AE				50.50	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Team evaluation & management per encounter	T1024	AE				50.50	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Team evaluation & management per encounter	T1024	AJ				50.50	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Team evaluation & management per encounter	T1024	AJ				50.50	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Team evaluation & management per encounter	T1024	GN				50.50	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Team evaluation & management per encounter	T1024	GN				50.50	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Team evaluation & management per encounter	T1024	GO				50.50	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Team evaluation & management per encounter	T1024	GO				50.50	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Team evaluation & management per encounter	T1024	GP				50.50	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Team evaluation & management per encounter	T1024	GP				50.50	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Team evaluation & management per encounter	T1024	HN				41.20	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Team evaluation & management per encounter	T1024	HN				41.20	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Team evaluation & management per encounter	T1024	HP				50.50	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Team evaluation & management per encounter	T1024	HP				50.50	10/1/2024

State of Rhode Island
Office of the Health Insurance Commissioner
Appendix 1
Medicaid Fee Schedule

Major Service Category	Detailed Service Category	Program Indicator Code	Program Description	Procedure Code Description	Procedure				Current Rate	Effective Date	
					Code	Mod 1	Mod 2	Mod 3			Mod 4
Children's services	Early Intervention	MEI010	Early Intervention MA	Team evaluation & management per encounter	T1024	TD				50.50	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Team evaluation & management per encounter	T1024	TD				50.50	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Team evaluation & management per encounter	T1024	TG				50.50	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Team evaluation & management per encounter	T1024	TG				50.50	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Team evaluation & management per encounter	T1024	TG	HO			50.50	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Team evaluation & management per encounter	T1024	TG	HO			50.50	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Team evaluation & management per encounter	T1024	TL	HO			50.50	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Team evaluation & management per encounter	T1024	TL	HO			50.50	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Family training and counseling for child development, per 15 minutes	T1027					50.50	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Family training and counseling for child development, per 15 minutes	T1027					50.50	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Family training and counseling for child development, per 15 minutes	T1027	AE				50.50	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Family training and counseling for child development, per 15 minutes	T1027	AE				50.50	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Family training and counseling for child development, per 15 minutes	T1027	AJ				50.50	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Family training and counseling for child development, per 15 minutes	T1027	AJ				50.50	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Family training and counseling for child development, per 15 minutes	T1027	GN				50.50	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Family training and counseling for child development, per 15 minutes	T1027	GN				50.50	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Family training and counseling for child development, per 15 minutes	T1027	GO				50.50	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Family training and counseling for child development, per 15 minutes	T1027	GO				50.50	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Family training and counseling for child development, per 15 minutes	T1027	GP				50.50	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Family training and counseling for child development, per 15 minutes	T1027	GP				50.50	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Family training and counseling for child development, per 15 minutes	T1027	HN				41.20	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Family training and counseling for child development, per 15 minutes	T1027	HN				41.20	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Family training and counseling for child development, per 15 minutes	T1027	HP				50.50	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Family training and counseling for child development, per 15 minutes	T1027	HP				50.50	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Family training and counseling for child development, per 15 minutes	T1027	TD				50.50	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Family training and counseling for child development, per 15 minutes	T1027	TD				50.50	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Family training and counseling for child development, per 15 minutes	T1027	TG				50.50	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Family training and counseling for child development, per 15 minutes	T1027	TG				50.50	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Family training and counseling for child development, per 15 minutes	T1027	TG	HO			50.50	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Family training and counseling for child development, per 15 minutes	T1027	TG	HO			50.50	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Non-emergency transport; commercial carrier, multi-pass	T2004					15.56	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Non-emergency transport; commercial carrier, multi-pass	T2004					15.56	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Individual vision therapy	V2799					50.50	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Individual vision therapy	V2799					50.50	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Hearing screening	V5008					46.66	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Hearing screening	V5008					46.66	10/1/2024
Children's services	Early Intervention	MEI010	Early Intervention MA	Assessment for hearing aid	V5010					46.66	10/1/2024
Children's services	Early Intervention	MEI015	Early Intervention Non-MA	Assessment for hearing aid	V5010					46.66	10/1/2024
Children's services	Home Visiting and Residential Programs	[Blank]	General Medicaid	Home visit for postnatal assessment and follow-up care	99501					415.97	7/1/2024
Children's services	Home Visiting and Residential Programs	[Blank]	General Medicaid	Home visit for postnatal assessment and follow-up care	99501	HD				49.13	7/1/2024
Children's services	Home Visiting and Residential Programs	[Blank]	General Medicaid	Parental visit, home visit for newborn care and assessment	99502					42.76	7/1/2024
Children's services	Home Visiting and Residential Programs	[Blank]	General Medicaid	Parental visit, home visit for newborn care and assessment	99502	AJ				48.40	7/1/2024
Children's services	Home Visiting and Residential Programs	[Blank]	General Medicaid	Parental visit, home visit for newborn care and assessment	99502	AJ	HA			48.40	7/1/2024
Children's services	Home Visiting and Residential Programs	[Blank]	General Medicaid	Parental visit, home visit for newborn care and assessment	99502	HA				42.76	7/1/2024
Children's services	Home Visiting and Residential Programs	[Blank]	General Medicaid	Parental visit, home visit for newborn care and assessment	99502	TD				61.23	7/1/2024
Children's services	Home Visiting and Residential Programs	[Blank]	General Medicaid	Parental visit, home visit for newborn care and assessment	99502	TD	HA			61.23	7/1/2024
Children's services	Home Visiting and Residential Programs	[Blank]	General Medicaid	Unlisted home visit service or procedure	99600					67.63	10/1/2024
Children's services	Home Visiting and Residential Programs	[Blank]	General Medicaid	Unlisted home visit service or procedure	99600	HD				67.63	10/1/2024
Children's services	Home Visiting and Residential Programs	[Blank]	General Medicaid	Unlisted home visit service or procedure	99600	HD	U4			67.63	10/1/2024
Children's services	Home Visiting and Residential Programs	[Blank]	General Medicaid	Unlisted home visit service or procedure	99600	U3				49.13	10/1/2024
Children's services	Home Visiting and Residential Programs	[Blank]	General Medicaid	Unlisted home visit service or procedure	99600	U3	U4			49.13	10/1/2024
Children's services	Home Visiting and Residential Programs	[Blank]	General Medicaid	Unlisted home visit service or procedure	99600	U4				67.63	10/1/2024
Children's services	Home Visiting and Residential Programs	MDC080	Proj Connect & Residential Counsel	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	H0019	U5				569.65	7/1/2023
Children's services	Home Visiting and Residential Programs	MDC080	Proj Connect & Residential Counsel	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	H0019	U6				620.88	7/1/2023
Children's services	Home Visiting and Residential Programs	MDC080	Proj Connect & Residential Counsel	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	H0019	U7				611.12	7/1/2023
Children's services	Home Visiting and Residential Programs	MDC080	Proj Connect & Residential Counsel	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	H0019	U8				752.62	7/1/2023
Children's services	Home Visiting and Residential Programs	[Blank]	General Medicaid	Prenatal intake, at-risk assessment	H1000					415.97	7/1/2024
Children's services	Home Visiting and Residential Programs	[Blank]	General Medicaid	Prenatal intake, at-risk assessment	H1000	HD				415.97	7/1/2024
Children's services	Home/Center-Based Therapeutic Services	MCE030	Cedar Direct - Kids Connect	Community-based wrap-around services, per diem	H2022					48.72	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MCE030	Cedar Direct - Kids Connect	Therapeutic procedure(s), group (2 or more individuals)	97150					8.59	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MCE025	Cedar Direct For HBTS and PAS	Therapeutic procedure(s), group (2 or more individuals)	97150	HA				17.18	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MCE025	Cedar Direct For HBTS and PAS	Mental health services, not otherwise specified	H0046					38.67	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MCE025	Cedar Direct For HBTS and PAS	Mental health services, not otherwise specified	H0046	HN				19.75	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MCE025	Cedar Direct For HBTS and PAS	Mental health services, not otherwise specified	H0046	HO				59.07	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MCE025	Cedar Direct For HBTS and PAS	Mental health services, not otherwise specified	H0046	HO	U1			29.54	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MCE025	Cedar Direct For HBTS and PAS	Mental health services, not otherwise specified	H0046	HO	U1	XP		29.54	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MCE025	Cedar Direct For HBTS and PAS	Mental health services, not otherwise specified	H0046	HO	XP			59.07	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MCE025	Cedar Direct For HBTS and PAS	Mental health services, not otherwise specified	H0046	HP				69.81	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MCE025	Cedar Direct For HBTS and PAS	Mental health services, not otherwise specified	H0046	HP	U1			34.91	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MCE025	Cedar Direct For HBTS and PAS	Mental health services, not otherwise specified	H0046	HP	U1	XP		34.91	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MCE025	Cedar Direct For HBTS and PAS	Mental health services, not otherwise specified	H0046	HP	XP			69.81	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MCE025	Cedar Direct For HBTS and PAS	Mental health services, not otherwise specified	H0046	U1				19.33	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MCE025	Cedar Direct For HBTS and PAS	Mental health services, not otherwise specified	H0046	U1	XP			19.33	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MCE025	Cedar Direct For HBTS and PAS	Mental health services, not otherwise specified	H0046	XP				38.67	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MCE030	Cedar Direct - Kids Connect	Comprehensive multidisciplinary evaluation	H2000					354.44	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MCE025	Cedar Direct For HBTS and PAS	Skills training and development, per 15 minutes	H2014					29.54	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MCE025	Cedar Direct For HBTS and PAS	Skills training and development, per 15 minutes	H2014	HO				29.54	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MCE025	Cedar Direct For HBTS and PAS	Skills training and development, per 15 minutes	H2014	HP				34.91	10/1/2024

State of Rhode Island Office of the Health Insurance Commissioner Appendix 1 Medicaid Fee Schedule											
Major Service Category	Detailed Service Category	Program Indicator Code	Program Description	Procedure Code Description	Procedure Code	Mod 1	Mod 2	Mod 3	Mod 4	Current Rate	Effective Date
Children's services	Home/Center-Based Therapeutic Services	MCE025	Cedar Direct For HBTS and PAS	Comprehensive community support services, per diem	H2016					5.32	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MCE030	Cedar Direct - Kids Connect	Community based wrap around services, per 15 minutes	H2021					20.60	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MCE025	Cedar Direct For HBTS and PAS	Patient education, not otherwise classified, non-physician provider, group, per session	S9446					23.33	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MCE025	Cedar Direct For HBTS and PAS	Patient education, not otherwise classified, non-physician provider, group, per session	S9446	XP				23.33	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MCE030	Cedar Direct - Kids Connect	Rn nurse service/15 minutes	T1002					29.53	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MCE030	Cedar Direct - Kids Connect	Lpn/lvn services, up to 15 minutes	T1003					26.85	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MRP015	Respite Waiver DHS	Respite services 15 minutes	T1005					9.67	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MRP019	ICF/MR Respite Waiver	Respite services 15 minutes	T1005					9.67	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MRP020	Hospital/SNF Respite Waiver	Respite services 15 minutes	T1005					9.67	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MRP021	Psych Hospital Respite Waiver	Respite services 15 minutes	T1005					9.67	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MRP025	Respite w/out waiver 0-21 yrs	Respite services 15 minutes	T1005					9.67	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MRP015	Respite Waiver DHS	Respite services 15 minutes	T1005	UN				2.47	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MRP019	ICF/MR Respite Waiver	Respite services 15 minutes	T1005	UN				2.47	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MRP020	Hospital/SNF Respite Waiver	Respite services 15 minutes	T1005	UN				2.47	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MRP021	Psych Hospital Respite Waiver	Respite services 15 minutes	T1005	UN				2.47	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MRP025	Respite w/out waiver 0-21 yrs	Respite services 15 minutes	T1005	UN				2.47	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MRP015	Respite Waiver DHS	Respite services 15 minutes	T1005	UP				2.47	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MRP019	ICF/MR Respite Waiver	Respite services 15 minutes	T1005	UP				2.47	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MRP020	Hospital/SNF Respite Waiver	Respite services 15 minutes	T1005	UP				2.47	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MRP021	Psych Hospital Respite Waiver	Respite services 15 minutes	T1005	UP				2.47	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MRP025	Respite w/out waiver 0-21 yrs	Respite services 15 minutes	T1005	UP				2.47	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MRP019	ICF/MR Respite Waiver	Respite services 15 minutes	T1005	UQ				2.47	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MRP020	Hospital/SNF Respite Waiver	Respite services 15 minutes	T1005	UQ				2.47	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MRP021	Psych Hospital Respite Waiver	Respite services 15 minutes	T1005	UQ				2.47	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MRP019	ICF/MR Respite Waiver	Respite services 15 minutes	T1005	UR				2.47	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MRP020	Hospital/SNF Respite Waiver	Respite services 15 minutes	T1005	UR				2.47	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MRP021	Psych Hospital Respite Waiver	Respite services 15 minutes	T1005	UR				2.47	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MRP019	ICF/MR Respite Waiver	Respite services 15 minutes	T1005	US				2.47	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MRP020	Hospital/SNF Respite Waiver	Respite services 15 minutes	T1005	US				2.47	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MRP021	Psych Hospital Respite Waiver	Respite services 15 minutes	T1005	US				2.47	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MCE025	Cedar Direct For HBTS and PAS	Sign language or oral interpreter services	T1013					27.48	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MCE025	Cedar Direct For HBTS and PAS	Sign language or oral interpreter services	T1013	U1				27.48	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MCE025	Cedar Direct For HBTS and PAS	Case management, each 15 minutes	T1016					21.98	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MCE025	Cedar Direct For HBTS and PAS	Case management, each 15 minutes	T1016	U1				18.55	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MCE025	Cedar Direct For HBTS and PAS	Case management, each 15 minutes	T1016	XP				21.98	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MCE025	Cedar Direct For HBTS and PAS	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	T1019					12.08	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MCE025	Cedar Direct For HBTS and PAS	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	T1019	TF				12.08	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MCE025	Cedar Direct For HBTS and PAS	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	T1019	TG				12.08	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MCE025	Cedar Direct For HBTS and PAS	Screening to determine the appropriateness of consideration of an individual for participation in a specified	T1023	U1				35.44	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MCE025	Cedar Direct For HBTS and PAS	Team evaluation & management per encounter	T1024					33.30	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MCE025	Cedar Direct For HBTS and PAS	Team evaluation & management per encounter	T1024	U1				16.65	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MCE025	Cedar Direct For HBTS and PAS	Team evaluation & management per encounter	T1024	U1	XP			16.65	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MCE025	Cedar Direct For HBTS and PAS	Team evaluation & management per encounter	T1024	XP				33.30	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MCE025	Cedar Direct For HBTS and PAS	Family training and counseling for child development, per 15 minutes	T1027					29.54	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MRP019	ICF/MR Respite Waiver	Service assessment/ plan of care development, waiver	T2024					236.29	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MRP020	Hospital/SNF Respite Waiver	Service assessment/ plan of care development, waiver	T2024					236.29	10/1/2024
Children's services	Home/Center-Based Therapeutic Services	MRP021	Psych Hospital Respite Waiver	Service assessment/ plan of care development, waiver	T2024					236.29	10/1/2024
Children's services	Local Education Agency	MLE010	Local Education Agency (LEA)	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	92507					42.50	10/1/2024
Children's services	Local Education Agency	MLE010	Local Education Agency (LEA)	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	92507	GN				42.50	10/1/2024
Children's services	Local Education Agency	MLE010	Local Education Agency (LEA)	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	92507	GN	HA			42.50	10/1/2024
Children's services	Local Education Agency	MLE010	Local Education Agency (LEA)	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	92507	HA				42.50	10/1/2024
Children's services	Local Education Agency	MLE010	Local Education Agency (LEA)	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, two or more	92508					27.85	10/1/2024
Children's services	Local Education Agency	MLE010	Local Education Agency (LEA)	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, two or more	92508	HA				27.85	10/1/2024
Children's services	Local Education Agency	MLE010	Local Education Agency (LEA)	Evaluation of speech fluency	92521					109.95	10/1/2024
Children's services	Local Education Agency	MLE010	Local Education Agency (LEA)	Evaluation of speech and sound production	92522					109.95	10/1/2024
Children's services	Local Education Agency	MLE010	Local Education Agency (LEA)	Evaluation of speech sound production with evaluation of language comprehension and expression	92523					466.59	10/1/2024
Children's services	Local Education Agency	MLE010	Local Education Agency (LEA)	Evaluation of speech sound production with evaluation of language comprehension and expression	92523	52				233.30	10/1/2024
Children's services	Local Education Agency	MLE010	Local Education Agency (LEA)	Behavioral quality analysis voice	92524					109.95	10/1/2024
Children's services	Local Education Agency	MLE010	Local Education Agency (LEA)	Neuropsychological testing evaluation by qualified health care professional, first 60 minutes	96132					91.28	10/1/2024
Children's services	Local Education Agency	MLE010	Local Education Agency (LEA)	Therapeutic procedure, one or more areas, each 15 minutes therapeutic exercises to develop strength and endurance, range of motion and flexibility	97110	GO				22.61	10/1/2024
Children's services	Local Education Agency	MLE010	Local Education Agency (LEA)	Therapeutic procedure, one or more areas, each 15 minutes therapeutic exercises to develop strength and endurance, range of motion and flexibility	97110	GO	HA			22.61	10/1/2024
Children's services	Local Education Agency	MLE010	Local Education Agency (LEA)	Therapeutic procedure, one or more areas, each 15 minutes therapeutic exercises to develop strength and endurance, range of motion and flexibility	97110	GP				22.61	10/1/2024
Children's services	Local Education Agency	MLE010	Local Education Agency (LEA)	Therapeutic procedure, one or more areas, each 15 minutes therapeutic exercises to develop strength and endurance, range of motion and flexibility	97110	GP	HA			22.61	10/1/2024
Children's services	Local Education Agency	MLE010	Local Education Agency (LEA)	Therapeutic procedure(s), group (2 or more individuals)	97150	GO				17.18	10/1/2024
Children's services	Local Education Agency	MLE010	Local Education Agency (LEA)	Therapeutic procedure(s), group (2 or more individuals)	97150	GO	HA			17.18	10/1/2024
Children's services	Local Education Agency	MLE010	Local Education Agency (LEA)	Therapeutic procedure(s), group (2 or more individuals)	97150	GP				17.18	10/1/2024
Children's services	Local Education Agency	MLE010	Local Education Agency (LEA)	Therapeutic procedure(s), group (2 or more individuals)	97150	GP	HA			17.18	10/1/2024
Children's services	Local Education Agency	MLE010	Local Education Agency (LEA)	Therapeutic procedure(s), group (2 or more individuals)	97150	HM	GO			17.18	10/1/2024
Children's services	Local Education Agency	MLE010	Local Education Agency (LEA)	Therapeutic procedure(s), group (2 or more individuals)	97150	HM	GP			17.18	10/1/2024
Children's services	Local Education Agency	MLE010	Local Education Agency (LEA)	Evaluation of physical therapy, typically 20 minutes	97161					233.29	10/1/2024
Children's services	Local Education Agency	MLE010	Local Education Agency (LEA)	Evaluation of physical therapy, typically 30 minutes	97162					233.29	10/1/2024
Children's services	Local Education Agency	MLE010	Local Education Agency (LEA)	Evaluation of physical therapy, typically 45 minutes	97163					233.29	10/1/2024
Children's services	Local Education Agency	MLE010	Local Education Agency (LEA)	Re-evaluation of physical therapy, typically 20 minutes	97164					233.29	10/1/2024
Children's services	Local Education Agency	MLE010	Local Education Agency (LEA)	Evaluation of occupational therapy, typically 30 minutes	97165					105.04	10/1/2024
Children's services	Local Education Agency	MLE010	Local Education Agency (LEA)	Evaluation of occupational therapy, typically 45 minutes	97166					105.04	10/1/2024
Children's services	Local Education Agency	MLE010	Local Education Agency (LEA)	Evaluation of occupational therapy, established plan of care, typically 60 minutes	97167					105.04	10/1/2024
Children's services	Local Education Agency	MLE010	Local Education Agency (LEA)	Re-evaluation of occupational therapy, established plan of care, typically 30 minutes	97168					105.04	10/1/2024

State of Rhode Island
Office of the Health Insurance Commissioner
Appendix 1
Medicaid Fee Schedule

Major Service Category	Detailed Service Category	Program Indicator Code	Program Description	Procedure Code Description	Procedure Code	Mod				Current Rate	Effective Date
						Mod 1	Mod 2	Mod 3	Mod 4		
HCBS	Hospice	[Blank]	General Medicaid	Hospice continuous home care; per hour	T2043					67.25	10/1/2024
HCBS	Hospice	[Blank]	General Medicaid	Hospice respite care	T2044					544.61	10/1/2024
HCBS	Hospice	[Blank]	General Medicaid	Hospice general care	T2045					1166.77	10/1/2024
HCBS	Self-Directed	MSD020	Personal Choice Program	Waiver services; not otherwise specified	T2025					144.04	10/1/2024
HCBS	Severely Disabled Nursing Homecare	MCC010	Severely Disabled Home Care Services	Attendant care services; per 15 minutes	S5125					10.40	10/1/2024
HCBS	Severely Disabled Nursing Homecare	MCC010	Severely Disabled Home Care Services	Attendant care services; per 15 minutes	S5125		TR			10.40	10/1/2024
HCBS	Severely Disabled Nursing Homecare	MCC010	Severely Disabled Home Care Services	Private duty/ independent nursing service(s)- licensed, up to 15 minutes	T1000					21.75	10/1/2024
HCBS	Severely Disabled Nursing Homecare	MCC010	Severely Disabled Home Care Services	Private duty/ independent nursing service(s)- licensed, up to 15 minutes	T1000		TE			15.92	10/1/2024
HCBS	Severely Disabled Nursing Homecare	MCC010	Severely Disabled Home Care Services	Private duty/ independent nursing service(s)- licensed, up to 15 minutes	T1000		TR			21.75	10/1/2024
HCBS	Severely Disabled Nursing Homecare	MCC010	Severely Disabled Home Care Services	Private duty/ independent nursing service(s)- licensed, up to 15 minutes	T1000		TU			21.75	10/1/2024
HCBS	Severely Disabled Nursing Homecare	MCC010	Severely Disabled Home Care Services	Private duty/ independent nursing service(s)- licensed, up to 15 minutes	T1000		TU	TE		15.92	10/1/2024
HCBS	Severely Disabled Nursing Homecare	MCC010	Severely Disabled Home Care Services	Private duty/ independent nursing service(s)- licensed, up to 15 minutes	T1000		TV			21.75	10/1/2024
HCBS	Severely Disabled Nursing Homecare	MCC010	Severely Disabled Home Care Services	Private duty/ independent nursing service(s)- licensed, up to 15 minutes	T1000		TV	TE		15.92	10/1/2024
HCBS	Severely Disabled Nursing Homecare	MCC010	Severely Disabled Home Care Services	Private duty/ independent nursing service(s)- licensed, up to 15 minutes	T1000		UH			21.75	10/1/2024
HCBS	Severely Disabled Nursing Homecare	MCC010	Severely Disabled Home Care Services	Private duty/ independent nursing service(s)- licensed, up to 15 minutes	T1000		UH	TE		15.92	10/1/2024
HCBS	Severely Disabled Nursing Homecare	MCC010	Severely Disabled Home Care Services	Private duty/ independent nursing service(s)- licensed, up to 15 minutes	T1000		UJ			21.75	10/1/2024
HCBS	Severely Disabled Nursing Homecare	MCC010	Severely Disabled Home Care Services	Private duty/ independent nursing service(s)- licensed, up to 15 minutes	T1000		UJ	TE		15.92	10/1/2024
HCBS	Severely Disabled Nursing Homecare	MCC010	Severely Disabled Home Care Services	Private duty/ independent nursing service(s)- licensed, up to 15 minutes	T1000		UN			1.94	10/1/2024
HCBS	Severely Disabled Nursing Homecare	MCC010	Severely Disabled Home Care Services	Nursing assessment/evaluation	T1001					185.33	10/1/2024
HCBS	Shared Living Agency	MDE010	OHA Community Waiver Program	Adult companion care per 15m	S5135					1.11	5/1/2006
HCBS	Shared Living Agency	MWA010	Aged & Disabled Homemaker Waiver	Adult companion care per 15m	S5135					1.11	5/1/2006
HCBS	Shared Living Agency	MSL010	Shared Living	Companion care, adult (e.g. IADL/ADL); per diem	S5136					39.96	10/1/2024
HCBS	Shared Living Agency	MSL010	Shared Living	Companion care, adult (e.g. IADL/ADL); per diem	S5136		TG			50.58	10/1/2024
HCBS	Shared Living Agency	MSL010	Shared Living	Companion care, adult (e.g. IADL/ADL); per diem	S5136		TG	U1		59.51	10/1/2024
HCBS	Shared Living Agency	MSL010	Shared Living	Companion care, adult (e.g. IADL/ADL); per diem	S5136		TG	U1	UN	44.65	10/1/2024
HCBS	Shared Living Agency	MSL010	Shared Living	Companion care, adult (e.g. IADL/ADL); per diem	S5136		TG	UN		37.94	10/1/2024
HCBS	Shared Living Agency	MSL010	Shared Living	Companion care, adult (e.g. IADL/ADL); per diem	S5136		U1		UN	47.01	10/1/2024
HCBS	Shared Living Agency	MSL010	Shared Living	Companion care, adult (e.g. IADL/ADL); per diem	S5136		U1	UN		35.26	10/1/2024
HCBS	Shared Living Agency	MSL010	Shared Living	Companion care, adult (e.g. IADL/ADL); per diem	S5136		UN			29.98	10/1/2024
HCBS	Shared Living Agency	MSL010	Shared Living	Waiver services; not otherwise specified	T2025					35.76	10/1/2024
HCBS	Shared Living Agency	MSL010	Shared Living	Waiver services; not otherwise specified	T2025		U1			37.08	10/1/2024
Intellectual and Developmental Disability Services	Center-Based	BHD011	BHDDH DD CNOM Eligibility	Day habilitation, waiver, per 15 minutes	T2021					12.36	7/1/2023
Intellectual and Developmental Disability Services	Center-Based	MBD011	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021					12.36	7/1/2023
Intellectual and Developmental Disability Services	Center-Based	MBD012	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021					12.36	7/1/2023
Intellectual and Developmental Disability Services	Center-Based	MBD013	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021					12.36	7/1/2023
Intellectual and Developmental Disability Services	Center-Based	MBD011	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021		HB			300.00	7/1/2012
Intellectual and Developmental Disability Services	Center-Based	MBD012	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021		HB			300.00	7/1/2012
Intellectual and Developmental Disability Services	Center-Based	MBD013	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021		HB			300.00	7/1/2012
Intellectual and Developmental Disability Services	Center-Based	MBD011	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021		L9			125.00	7/1/2023
Intellectual and Developmental Disability Services	Center-Based	MBD012	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021		L9			125.00	7/1/2023
Intellectual and Developmental Disability Services	Center-Based	MBD013	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021		L9			125.00	7/1/2023
Intellectual and Developmental Disability Services	Center-Based	MBD011	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021		L9	U1		125.00	7/1/2023
Intellectual and Developmental Disability Services	Center-Based	MBD012	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021		L9	U1		125.00	7/1/2023
Intellectual and Developmental Disability Services	Center-Based	MBD013	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021		L9	U1		125.00	7/1/2023
Intellectual and Developmental Disability Services	Center-Based	MBD011	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021		L9	U8		125.00	7/1/2023
Intellectual and Developmental Disability Services	Center-Based	MBD012	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021		L9	U8		125.00	7/1/2023
Intellectual and Developmental Disability Services	Center-Based	BHD011	BHDDH DD CNOM Eligibility	Day habilitation, waiver, per 15 minutes	T2021		TG			6.20	7/1/2023
Intellectual and Developmental Disability Services	Center-Based	MBD011	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021		TG			6.20	7/1/2023
Intellectual and Developmental Disability Services	Center-Based	MBD012	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021		TG			6.20	7/1/2023
Intellectual and Developmental Disability Services	Center-Based	MBD013	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021		TG			6.20	7/1/2023
Intellectual and Developmental Disability Services	Center-Based	BHD011	BHDDH DD CNOM Eligibility	Day habilitation, waiver, per 15 minutes	T2021		U5			3.33	7/1/2023
Intellectual and Developmental Disability Services	Center-Based	MBD011	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021		U5			3.33	7/1/2023
Intellectual and Developmental Disability Services	Center-Based	MBD012	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021		U5			3.33	7/1/2023
Intellectual and Developmental Disability Services	Center-Based	MBD013	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021		U5			3.33	7/1/2023
Intellectual and Developmental Disability Services	Center-Based	BHD011	BHDDH DD CNOM Eligibility	Day habilitation, waiver, per 15 minutes	T2021		U6			3.33	7/1/2023
Intellectual and Developmental Disability Services	Center-Based	MBD011	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021		U6			3.33	7/1/2023
Intellectual and Developmental Disability Services	Center-Based	MBD012	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021		U6			3.33	7/1/2023
Intellectual and Developmental Disability Services	Center-Based	MBD013	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021		U6			3.33	7/1/2023
Intellectual and Developmental Disability Services	Center-Based	BHD011	BHDDH DD CNOM Eligibility	Day habilitation, waiver, per 15 minutes	T2021		U7			4.04	7/1/2023
Intellectual and Developmental Disability Services	Center-Based	MBD011	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021		U7			4.04	7/1/2023
Intellectual and Developmental Disability Services	Center-Based	MBD012	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021		U7			4.04	7/1/2023
Intellectual and Developmental Disability Services	Center-Based	MBD013	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021		U7			4.04	7/1/2023
Intellectual and Developmental Disability Services	Center-Based	BHD011	BHDDH DD CNOM Eligibility	Day habilitation, waiver, per 15 minutes	T2021		U8			13.13	7/1/2023
Intellectual and Developmental Disability Services	Center-Based	MBD011	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021		U8			13.13	7/1/2023
Intellectual and Developmental Disability Services	Center-Based	MBD012	BHDDH Community Support	Day habilitation, waiver, per 15 minutes	T2021		U8			13.13	7/1/2023

State of Rhode Island
Office of the Health Insurance Commissioner
Appendix 1
Medicaid Fee Schedule

Major Service Category	Detailed Service Category	Program Indicator Code	Program Description	Procedure Code Description	Procedure Code	Mod 1	Mod 2	Mod 3	Mod 4	Current Rate	Effective Date
Intellectual and Developmental Disability Services	Self-Direction	MBD063	BHDDH Transportation State	Case management, per month	T2022					50.27	4/1/2012
Intellectual and Developmental Disability Services	Self-Direction	BHD011	BHDDH DD CNOM Eligibility	Case management, per month	T2022	L6				56.73	7/1/2022
Intellectual and Developmental Disability Services	Self-Direction	MBD061	BHDDH Transportation Waiver	Case management, per month	T2022	L6				56.73	7/1/2022
Intellectual and Developmental Disability Services	Self-Direction	MBD062	BHDDH Transportation ME	Case management, per month	T2022	L6				56.73	7/1/2022
Intellectual and Developmental Disability Services	Self-Direction	MBD063	BHDDH Transportation State	Case management, per month	T2022	L6				56.73	7/1/2022
Intellectual and Developmental Disability Services	Self-Direction	BHD011	BHDDH DD CNOM Eligibility	Case management, per month	T2022	TG	U2			197.88	7/1/2022
Intellectual and Developmental Disability Services	Self-Direction	MBD061	BHDDH Transportation Waiver	Case management, per month	T2022	TG	U2			197.88	7/1/2022
Intellectual and Developmental Disability Services	Self-Direction	MBD062	BHDDH Transportation ME	Case management, per month	T2022	TG	U2			197.88	7/1/2022
Intellectual and Developmental Disability Services	Self-Direction	MBD063	BHDDH Transportation State	Case management, per month	T2022	TG	U2			197.88	7/1/2022
Intellectual and Developmental Disability Services	Self-Direction	BHD011	BHDDH DD CNOM Eligibility	Case management, per month	T2022	U5	U2			49.20	7/1/2022
Intellectual and Developmental Disability Services	Self-Direction	MBD061	BHDDH Transportation Waiver	Case management, per month	T2022	U5	U2			49.20	7/1/2022
Intellectual and Developmental Disability Services	Self-Direction	MBD062	BHDDH Transportation ME	Case management, per month	T2022	U5	U2			49.20	7/1/2022
Intellectual and Developmental Disability Services	Self-Direction	MBD063	BHDDH Transportation State	Case management, per month	T2022	U5	U2			49.20	7/1/2022
Intellectual and Developmental Disability Services	Self-Direction	BHD011	BHDDH DD CNOM Eligibility	Case management, per month	T2022	UA	U2			197.88	7/1/2023
Intellectual and Developmental Disability Services	Self-Direction	MBD061	BHDDH Transportation Waiver	Case management, per month	T2022	UA	U2			197.88	7/1/2023
Intellectual and Developmental Disability Services	Self-Direction	MBD062	BHDDH Transportation ME	Case management, per month	T2022	UA	U2			197.88	7/1/2023
Intellectual and Developmental Disability Services	Self-Direction	MBD063	BHDDH Transportation State	Case management, per month	T2022	UA	U2			197.88	7/1/2023
Intellectual and Developmental Disability Services	Self-Direction	BHD011	BHDDH DD CNOM Eligibility	Supports brokerage, self-directed, waiver; per 15 minutes	T2041	U2				12.50	7/1/2011
Intellectual and Developmental Disability Services	Self-Direction	MBD011	BHDDH Community Support	Supports brokerage, self-directed, waiver; per 15 minutes	T2041	U2				15.99	7/1/2023
Intellectual and Developmental Disability Services	Self-Direction	MBD071	BHDDH State Funded Resident	Supports brokerage, self-directed, waiver; per 15 minutes	T2041	U2				12.50	7/1/2011
Intellectual and Developmental Disability Services	Self-Direction	BHD011	BHDDH DD CNOM Eligibility	Financial mgt waiver/diem	T2050	U2				197.88	7/1/2024
Intellectual and Developmental Disability Services	Self-Direction	MBD011	BHDDH Community Support	Financial mgt waiver/diem	T2050	U2				197.88	7/1/2024
Intellectual and Developmental Disability Services	Self-Direction	MBD012	BHDDH Community Support	Financial mgt waiver/diem	T2050	U2				197.88	7/1/2024
Intellectual and Developmental Disability Services	Self-Direction	MBD013	BHDDH Community Support	Financial mgt waiver/diem	T2050	U2				197.88	7/1/2024
Intellectual and Developmental Disability Services	Self-Direction	BHD011	BHDDH DD CNOM Eligibility	Financial mgt waiver/diem	T2050	U2	U3			49.20	7/1/2024
Intellectual and Developmental Disability Services	Self-Direction	MBD011	BHDDH Community Support	Financial mgt waiver/diem	T2050	U2	U3			49.20	7/1/2024
Intellectual and Developmental Disability Services	Self-Direction	MBD012	BHDDH Community Support	Financial mgt waiver/diem	T2050	U2	U3			49.20	7/1/2024
Intellectual and Developmental Disability Services	Self-Direction	MBD013	BHDDH Community Support	Financial mgt waiver/diem	T2050	U2	U3			49.20	7/1/2024
Intellectual and Developmental Disability Services	Shared Living	MBD071	BHDDH State Funded Resident	Comprehensive community support services, per diem	H2016	L9	UN			339.12	7/1/2024
Intellectual and Developmental Disability Services	Shared Living	MBD071	BHDDH State Funded Resident	Comprehensive community support services, per diem	H2016	L9	UP			309.06	7/1/2024
Intellectual and Developmental Disability Services	Shared Living	MBD071	BHDDH State Funded Resident	Comprehensive community support services, per diem	H2016	L9	UQ			230.81	7/1/2024
Intellectual and Developmental Disability Services	Shared Living	MBD071	BHDDH State Funded Resident	Comprehensive community support services, per diem	H2016	L9	UR			202.09	7/1/2024
Intellectual and Developmental Disability Services	Shared Living	MBD071	BHDDH State Funded Resident	Comprehensive community support services, per diem	H2016	L9	US			178.21	7/1/2024
Intellectual and Developmental Disability Services	Shared Living	MBD020	BHDDH DD Residential	Comprehensive community support services, per diem	H2016	UN				339.12	7/1/2024
Intellectual and Developmental Disability Services	Shared Living	MBD071	BHDDH State Funded Resident	Comprehensive community support services, per diem	H2016	UN				339.12	7/1/2024
Intellectual and Developmental Disability Services	Shared Living	MBD020	BHDDH DD Residential	Comprehensive community support services, per diem	H2016	UP				309.06	7/1/2024
Intellectual and Developmental Disability Services	Shared Living	MBD071	BHDDH State Funded Resident	Comprehensive community support services, per diem	H2016	UP				309.06	7/1/2024
Intellectual and Developmental Disability Services	Shared Living	MBD020	BHDDH DD Residential	Comprehensive community support services, per diem	H2016	UQ				230.81	7/1/2024
Intellectual and Developmental Disability Services	Shared Living	MBD071	BHDDH State Funded Resident	Comprehensive community support services, per diem	H2016	UQ				230.81	7/1/2024
Intellectual and Developmental Disability Services	Shared Living	MBD020	BHDDH DD Residential	Comprehensive community support services, per diem	H2016	UR				202.09	7/1/2024
Intellectual and Developmental Disability Services	Shared Living	MBD071	BHDDH State Funded Resident	Comprehensive community support services, per diem	H2016	UR				202.09	7/1/2024
Intellectual and Developmental Disability Services	Shared Living	MBD020	BHDDH DD Residential	Comprehensive community support services, per diem	H2016	US				178.21	7/1/2024
Intellectual and Developmental Disability Services	Shared Living	MBD071	BHDDH State Funded Resident	Comprehensive community support services, per diem	H2016	US				178.21	7/1/2024
Intellectual and Developmental Disability Services	Shared Living	BHD011	BHDDH DD CNOM Eligibility	Respite care, in the home, per diem	S9125					406.08	7/1/2023
Intellectual and Developmental Disability Services	Shared Living	MBD011	BHDDH Community Support	Respite care, in the home, per diem	S9125					406.08	7/1/2023
Intellectual and Developmental Disability Services	Shared Living	MBD071	BHDDH State Funded Resident	Respite care, in the home, per diem	S9125					406.08	7/1/2023
Intellectual and Developmental Disability Services	Shared Living	MBD011	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017	UD				24.07	7/1/2023
Intellectual and Developmental Disability Services	Shared Living	MBD012	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017	UD				24.07	7/1/2023
Intellectual and Developmental Disability Services	Shared Living	BHD011	BHDDH DD CNOM Eligibility	Habilitation, educational, waiver, per 15 minutes	T2017	UD	U8			24.07	7/1/2023
Intellectual and Developmental Disability Services	Shared Living	MBD011	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017	UD	U8			24.07	7/1/2023
Intellectual and Developmental Disability Services	Shared Living	MBD012	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017	UD	U8			24.07	7/1/2023
Intellectual and Developmental Disability Services	Shared Living	MBD013	BHDDH Community Support	Habilitation, educational, waiver, per 15 minutes	T2017	UD	U8			24.07	7/1/2023
Intellectual and Developmental Disability Services	Shared Living	MBD020	BHDDH DD Residential	Residential care not otherwise specified, waiver, per diem	T2033	L9	U1			210.02	7/1/2023
Intellectual and Developmental Disability Services	Shared Living	BHD011	BHDDH DD CNOM Eligibility	Residential care not otherwise specified, waiver, per diem	T2033	U1	TG			126.92	7/1/2012
Intellectual and Developmental Disability Services	Shared Living	MBD020	BHDDH DD Residential	Residential care not otherwise specified, waiver, per diem	T2033	U1	TG			227.71	7/1/2023
Intellectual and Developmental Disability Services	Shared Living	MBD071	BHDDH State Funded Resident	Residential care not otherwise specified, waiver, per diem	T2033	U1	TG			227.71	7/1/2023

State of Rhode Island
Office of the Health Insurance Commissioner
Appendix 1
Medicaid Fee Schedule

Major Service Category	Detailed Service Category	Program Indicator Code	Program Description	Procedure Code Description	Procedure Code	Mod				Current Rate	Effective Date
						Mod 1	Mod 2	Mod 3	Mod 4		
Intellectual and Developmental Disability Services	Shared Living	BHD011	BHDDH DD CNOM Eligibility	Residential care not otherwise specified, waiver, per diem	T2033	U1	U5			68.32	7/1/2011
Intellectual and Developmental Disability Services	Shared Living	MBD020	BHDDH DD Residential	Residential care not otherwise specified, waiver, per diem	T2033	U1	U5			147.26	7/1/2023
Intellectual and Developmental Disability Services	Shared Living	MBD071	BHDDH State Funded Resident	Residential care not otherwise specified, waiver, per diem	T2033	U1	U5			147.26	7/1/2023
Intellectual and Developmental Disability Services	Shared Living	BHD011	BHDDH DD CNOM Eligibility	Residential care not otherwise specified, waiver, per diem	T2033	U1	U6			83.36	7/1/2011
Intellectual and Developmental Disability Services	Shared Living	MBD020	BHDDH DD Residential	Residential care not otherwise specified, waiver, per diem	T2033	U1	U6			164.95	7/1/2023
Intellectual and Developmental Disability Services	Shared Living	MBD071	BHDDH State Funded Resident	Residential care not otherwise specified, waiver, per diem	T2033	U1	U6			164.95	7/1/2023
Intellectual and Developmental Disability Services	Shared Living	BHD011	BHDDH DD CNOM Eligibility	Residential care not otherwise specified, waiver, per diem	T2033	U1	U7			83.36	7/1/2011
Intellectual and Developmental Disability Services	Shared Living	MBD020	BHDDH DD Residential	Residential care not otherwise specified, waiver, per diem	T2033	U1	U7			187.49	7/1/2023
Intellectual and Developmental Disability Services	Shared Living	MBD071	BHDDH State Funded Resident	Residential care not otherwise specified, waiver, per diem	T2033	U1	U7			187.49	7/1/2023
Intellectual and Developmental Disability Services	Shared Living	BHD011	BHDDH DD CNOM Eligibility	Residential care not otherwise specified, waiver, per diem	T2033	U1	UA			126.92	7/1/2011
Intellectual and Developmental Disability Services	Shared Living	MBD020	BHDDH DD Residential	Residential care not otherwise specified, waiver, per diem	T2033	U1	UA			210.02	7/1/2023
Intellectual and Developmental Disability Services	Shared Living	MBD071	BHDDH State Funded Resident	Residential care not otherwise specified, waiver, per diem	T2033	U1	UA			210.02	7/1/2023

- Notes:
1. IDD service categories are based on the BHDDH fee schedule: <https://bhddh.ri.gov/sites/g/files/xkqbur411/files/2024-09/FY25%20Rate%20Table.pdf>.
 2. Many services in-scope of this analysis received a rate increase effective October 1, 2024 based on the 2023 OHIC Social and Human Service Programs Review.
 3. Home Care represents personal care/homemaking in the home and includes the services defined on the "Home Health & Personal Care Assistant" EOHHS webpage: <https://eohhs.ri.gov/providers-partners/provider-directories/home-health-personal-care-assistant>.
 4. Home Health represents skilled care in the home and includes the services defined on the "Home Health" EOHHS webpage: <https://eohhs.ri.gov/providers-partners/provider-manuals-guidelines/medicaid-provider-manual/home-health>.
 5. A [Blank] value in the program indicator code denotes the general Medicaid rate.



Milliman is among the world's largest providers of actuarial and related products and services. The firm has consulting practices in life insurance and financial services, property & casualty insurance, healthcare, and employee benefits. Founded in 1947, Milliman is an independent firm with offices in major cities around the globe.

[milliman.com](https://www.milliman.com)