

5101:3-1-06.1

Appendix A

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PASSPORT Waiver Rates

Effective July 1, 2000

Service Code	Service	Billing Maximum	Billing Unit
PT516	Enhanced Adult Day Service	\$40.00	1 Day
PT517	Enhanced Adult Day Service – Half Day	\$20.00	1/2 Day
PT512	Enhanced Adult Day Service – 15 Minutes	\$1.25	15 Minutes
PT518	Intensive Adult Day Service	\$52.50	1 Day
PT519	Intensive Adult Day Service – Half Day	\$26.25	1/2 Day
PT514	Intensive Adult Day Service – 15 Minutes	\$1.64	15 Minutes
PT523	Adult Day Service Trans. per Mile	\$2.12	1 Mile
PT524	Adult Day Service One Way Trip	\$15.84	1 One-way Trip
PT525	Adult Day Service Round Trip Trans.	\$19.52	1 Round Trip
PT546	Meals: Home Delivered	\$6.32	1 Meal
PT548	Meals: Special	\$8.92	1 Meal
PT570	Homemaker Service	\$3.68	¼Hour
PT592	Chore Service: < \$999	\$1.00	1 Item
PT597	Chore Service: > \$999	\$10.00	1 Item
PT598	Social Work Counseling Service	\$15.56	¼Hour
PT600	Nutritional Consultation Service	\$12.76	¼Hour
PT624	Personal Care Service	\$4.16	¼Hour
PT831	Home Med. Eq. and Supplies: Ambulatory	\$1.00	\$1
PT672	Home Med. Eq. and Supplies: Ambulatory –Second One	\$1.00	\$1
PT673	Home Med. Eq. and Supplies: Ambulatory- Third One	\$1.00	\$1
PT832	Home Med. Eq. and Supplies: Non-Ambulatory	\$1.00	\$1
PT674	Home Med. Eq. and Supplies: Non-Ambulatory- Second One	\$1.00	\$1
PT675	Home Med. Eq. and Supplies: Non-Ambulatory- Third One	\$1.00	\$1
PT690	Emer. Resp. System Services Rental	\$1.00	\$1
PT691	Emer. Resp. System Services Device	\$1.00	\$1
PT833	Home Med. Eq. and Supplies: Hygiene and Disposables	\$1.00	\$1
PT722	Home Med. Eq. and Supplies: Hygiene and Disposables- Second One	\$1.00	\$1
PT728	Home Med. Eq. and Supplies: Hygiene and Disposables- Third One	\$1.00	\$1
PT737	Home Med. Eq. and Supplies: Equipment Repair	\$1.00	\$1
PT739	Minor Home Mod: \$1 Unit	\$1.00	\$1

PT740	Minor Home Mod: \$10 Unit	\$10.00	\$10
PT749	Home Med. Eq. and Supplies: Nutrition supplement and Supplies	\$1.00	\$1
PT811	Indep. Living Assist.: In Person Activities	\$5.00	¼Hour
PT812	Indep. Living Assist.: Travel Attendant	\$5.00	¼Hour
PT813	Indep. Living Assist.: Telephone Assistance	\$5.00	Completed Call
PT810	Transportation	\$5.00	\$1
Services are reimbursed at the usual and customary rates or the Medicaid maximum rate whichever is lower. Services must be billed to the Ohio Department of Aging.			