

# Rate Guide

## Billing for STAR Kids



Providers are encouraged to utilize this rate guide to assist with billing services for STAR Kids members.

As a reminder, the minimum base wage paid to a personal attendant is \$ 10.60 per hour. Superior HealthPlan accommodates rate changes identified and published by Texas Health and Human Services Commission (HHSC).

*Please note: Rates are payable in 15-minute increments, based off a provider's contracted rates, and are rounded to the nearest whole number.*

### Acronym Definitions

For reference, please see the table below for a list of acronyms utilized in this guide.

Acronym	Definitions
CBA	Community Based Alternative
CDS	Consumer Directed Service
CFC	Community First Choice
DAHS	Day Activity and Health Services
HAB	Habilitation
PAS	Personal Attendant Services
PCS	Personal Care Services
PHC	Primary Home Care
SRO	Service Responsibility Option
MDCP	Medically Dependent Children Program
MSRP	Manufactured Suggested Retail Price
RUG	Resource Utilization Group

Please review the following pages with detailed tables listing services, their applicable billing codes and where to locate the codes on the HHSC website.

## Community First Choice (CFC), Personal Care Services (PCS) and CFC Habilitation (HAB)

### CFC for Children under 21

- Payable in 15-minute increments, if contracted at 100% for STAR Kids Long-Term Services and Supports (LTSS) services.
- Not rate-enhanced eligible.
- To access table online, please review the “State Plan Services – under Payment Rate Information” found on [HHSC STAR Kids and STAR Health Provider Finance Department webpage](#).

Service Type	HPCP	Modifiers	TMHP Modifier Crosswalk	Rate
CFC PCS Attendant care Only (AO)	T1019	UD, U1	Modifier Matches U6 modifier rate	\$3.64
CFC PCS Attendant care Only (AO) (MDCP)	T1019	UD, U1, U6	Modifier Matches U6 modifier rate	\$3.64
CFC PCS Attendant care Only (SRO)	T1019	UD, U2	Modifier Matches U6 modifier rate	\$3.64
CFC PCS Attendant care Only (SRO) (MDCP)	T1019	UD, U2, U6	Modifier Matches U6 modifier rate	\$3.64
CFC PCS Attendant care Only (CDS)	T1019	UD, UC	Modifier Matches U7 modifier rate	\$3.44
CFC PCS Attendant care Only (CDS) (MDCP)	T1019	UD, UC, U6	Modifier Matches U7 modifier rate	\$3.44
CFC Habilitation and Attendant Care, HAB- Agency Model	T1019	U9, U1	Modifier Matches U9 modifier rate	\$3.63
CFC Habilitation and Attendant Care, HAB- Agency Model (MDCP)	T1019	U9, U1, U6	Modifier Matches U9 modifier rate	\$3.63
CFC Habilitation and Attendant Care, HAB- Service Responsibility Option Model	T1019	U9, U2	Modifier Matches U9 modifier rate	\$3.63
CFC Habilitation and Attendant Care, HAB- Service Responsibility Option Model (MDCP)	T1019	U9, U2, U6	Modifier Matches U9 modifier rate	\$3.63
CFC Habilitation and Attendant Care, HAB- Consumer Directed Services Model	T1019	U9, UC	Modifier Matches UB modifier rate	\$3.59
CFC Habilitation and Attendant Care, HAB- Consumer Directed Services Model (MDCP)	T1019	U9, UC, U6	Modifier Matches UB modifier rate	\$3.59

**PCS**

- Payable in 15-minute increments, if contracted at 100% for STAR Kids LTSS services.
- Not rate-enhanced eligible.
- To access table online, please review the “State Plan Services - under Payment Rate Information” found on [HHSC STAR Kids and STAR Health Provider Finance Department webpage](#).

Service Type	HCPC	Modifiers	TMHP Modifier Crosswalk	Rate
PCS - Agency Model	T1019	U1	Matches rate UD modifier	\$3.64
PCS - Service Responsibility Option Model	T1019	U2	Matches rate UD modifier	\$3.64
PCS - Consumer Directed Services Model	T1019	UC	Matches rate U7 modifier	\$3.44
PCS, BH Condition - Agency Model	T1019	UB, U1	Matches rate UA modifier	\$3.76
PCS, BH Condition - Service Responsibility Option Model	T1019	UB, U2	Matches rate UA modifier	\$3.76
PCS, BH Condition - Consumer Directed Services Model	T1019	UB, UC	Matches UB modifier	\$3.56

**Nurse Delegation and Supervision**

**Home Health Agency**

- Payable in 15-minute increments, if contracted at 100% for STAR Kids LTSS services.
- Not rate-enhanced eligible.
- To access table online, please review the “Home Health Agency” file on the [TMHP Fee Schedule](#).

Service Type	HCPC	Modifiers	Rate
RN Assessment for delegation of PCS tasks	G0162	U1	\$11.05
RN Assessment for delegation of PCS tasks (MDCP)	G0162	U1, U6	\$11.05
RN Assessment for delegation of CFC tasks	G0162	U2	\$11.05
RN Assessment for delegation of CFC tasks (MDCP)	G0162	U2, U6	\$11.05
RN training and ongoing supervision of delegated tasks	G0495	NO MOD	\$11.05
RN training and ongoing supervision of delegated tasks (MDCP)	G0495	U6	\$11.05

**DAHS**

- 3-6 Hours = 1 unit, 6+ Hours = 2 units
- Rate-enhanced eligible.
- To access table online, please review the “State Plan Services – Payment Rate Information” found on [HHSC STAR Kids and STAR Health Provider Finance Department webpage](#).

Service Type	HCPC	Modifiers	Base Rate
Day Activities & Health Services (3-6 hours)	S5101	N/A	\$16.72
Day Activities & Health Services (3-6 hours) (MDCP)	S5101	U6	\$16.72

## Emergency Response Services

- 1 Month = 1 Unit
- Not rate-enhanced eligible.
- To access table online, please review the “State Plan Services – Payment Rate Information” found on the [STAR Kids and STAR Health - State Plan Services Payment Rates \(PDF\)](#).

## Private Duty

Service Type	HCP	Modifiers	Rate
Emergency Response Services (Monthly) (CFC)	S5161	U2	\$29.76
Emergency Response Services (Monthly) (CFC) (MDCP)	S5161	U2, U6	\$29.76
Emergency Response Services (Installation and Testing)	S5160	N/A	\$29.76

## Nursing (PDN)

- Not rate-enhanced eligible.
- To access table online, please review the “Comprehensive Care Program - Private Duty Nursing” file on the [TMHP Fee Schedule](#).

Service Type	HCP	Modifiers	TMHP Modifier Crosswalk	Rate
PDN, LVN	T1000	TE	T1000 (TE), home health procedure rate	\$8.46
PDN, LVN (MDCP)	T1000	TE, U6		\$8.46
PDN, Specialized LVN	T1000	TE, UA	T1000 (TE, UA), home health procedure rate	\$9.27
PDN, Specialized LVN (MDCP)	T1000	TE, UA, U6		\$9.27
PDN, RN	T1000	TD	T1000 (TD), home health procedure rate	\$11.56
PDN, RN (MDCP)	T1000	TD, U6		\$11.56
PDN, Specialized RN	T1000	TD, UA	T1000 (TD, UA), home health procedure rate	\$13.29
PDN, Specialized RN (MDCP)	T1000	TD, UA, U6		\$13.29
PDN, Independently Enrolled LVN	T1000	U3, TE	no U3 modifier, medical services rate for (TE)	\$6.09
PDN, Independently Enrolled LVN (MDCP)	T1000	U3, TE, U6		\$6.09
PDN, Independently Enrolled Specialized LVN	T1000	U3, TE, UA	no U3 modifier (TE, UA), medical services rate for (TE, UA)	\$7.00
PDN, Independently Enrolled Specialized LVN (MDCP)	T1000	U3, TE, UA, U6		\$7.00
PDN, Independently Enrolled RN	T1000	U3, TD	no U3 modifier, medical services rate for (TD)	\$8.89
PDN, Independently Enrolled RN (MDCP)	T1000	U3, TD		\$8.89
PDN, Independently Enrolled Specialized RN	T1000	U3, TD, UA	no U3 modifier, (TD, UA), medical services rate for (TD, UA)	\$10.22
PDN, Independently Enrolled Specialized RN (MDCP)	T1000	U3, TD, UA, U6		\$10.22

### Prescribed Pediatric Extended Care (PPEC)

- Not rate-enhanced eligible
- To access table online, please review the “State Plan Services – Payment Rate Information” found on [HHSC Prescribed Pediatric Extended Care Center \(PPECC\) Payment Rates](#).

Service Type	HCPD	Modifier	Rate Comments	Rate
Prescribed Pediatric Extended Care, greater than 4 hours	T1025	NO MOD	Total PPECC Daily Rate	\$389.49
Prescribed Pediatric Extended Care, greater than 4 hours (MDCP)	T1025	U6	Total PPECC Daily Rate	\$389.49
Prescribed Pediatric Extended Care, up to 4 hours	T1026	NO MOD	Hourly PPECC Rate	\$32.46
Prescribed Pediatric Extended Care, up to 4 hours (MDCP)	T1026	U6	Hourly PPECC Rate	\$32.46
Non-emergency transportation	T2002	NO MOD	Daily PPECC Transportation Rate	\$37.94
Non-emergency transportation (MDCP)	T2002	U6	Daily PPECC Transportation Rate	\$37.94

### Financial Management Services (FMS)

- Not rate-enhanced eligible.
- To access table online, please review links in the table below.

Service Type	HCPD	Modifiers	Rate	Rate Comment	Rate Link
Financial Management Service (FMS) Fee, Monthly Fee, PCS	T2040	U9, U1	\$114.40	Page 3 - Financial Management Services Fee – non-HCBS per month	<a href="#">HHS CBA Payment Rates</a>
FMS Fee, Monthly Fee, CFC	T2040	U9, U2	\$114.40	Page 1 - CDS -Financial Management Services - non-HCBS per month	<a href="#">HHS CFC Payment Rates</a>
FMS Fee, Monthly Fee, CFC (MDCP)	T2040	U3, U2, U6	\$210.08	Page 1 - Financial Management Services (FMS) Fee – MDCP per month	<a href="#">HHS CFC Payment Rates</a>
FMS Fee, Monthly Fee, MDCP	T2040	U9, U6	\$210.08	Page 1 - Financial Management Services (FMS) Fee – MDCP per month	<a href="#">HHS CFC Payment Rates</a>

### Transition Assistance Services (TAS)

- 1 Unit per Service
- Not rate-enhanced eligible.
- To access table online, please review the “State Plan Services – Payment Rate Information” on [HHSC STAR Kids and STAR Health Provider Finance Department webpage](#).

Service Type	HCPC	Rate Comment	Rate
Transition Assistance Services	T2038	page 1 - Transition Assistance Services - one time	\$158.28

### Minor Home Modifications

- S5165 is manually priced, require invoices/MSRP.
- Not rate-enhanced eligible.

Service Type	HCPC	Modifiers
Minor Home Modifications	S5165	
Minor Home Modifications	S5165	UC

### Adaptive Aids

- T2028, T2029, T2039 is manually priced, require invoices/MSRP.
- Not rate-enhanced eligible.

Service Type	HCPC	Modifier
Adaptive Aid- NOS	T2028	
Adaptive Aid- NOS (CDS)	T2028	UC
Adaptive Aid- Medical Equipment	T2029	
Adaptive Aid- Medical Equipment (CDS)	T2029	UC
Adaptive Aid- Vehicle Modification	T2039	
Adaptive Aid- Vehicle Modification (CDS)	T2039	UC

### Supported Employment & Employment Assistance

- Payable in 15-minute increments, if contracted at 100% for STAR Kids LTSS services.
- Not rate-enhanced eligible.
- To access table online, please review the “State Plan Services – Payment Rate Information” found on [HHSC STAR Kids and STAR Health Provider Finance Department webpage](#).

Service Type	HCPC	Modifiers	Rate Comment	Rate
Supported Employment, Agency Model	H2023	U1	Page 2 under Supported Employment – per hour. Rate listed on link is the rate for an hour. To find the 15-minute rate please divide the hour rate by 4.	\$6.52
Supported Employment, Service Responsibility Option	H2023	U2	Page 2 under Supported Employment – per hour. Rate listed on link is the rate for an hour. To find the 15-minute rate please divide the hour rate by 4.	\$6.52
Supported Employment, CDS Option	H2023	UC	Page 4 under Supported Employment – per hour. Rate listed on link is the rate for an hour. To find the 15-minute rate please divide the hour rate by 4.	\$6.32
Employment Assistance, Agency Model	H2025	U1	Page 2 under Employment Assistance – per hour. Rate listed on link is the rate for an hour. To find the 15-minute rate please divide the hour rate by 4.	\$6.52
Employment Assistance, Service Responsibility Option	H2025	U2	Page 2 under Employment Assistance – per hour. Rate listed on link is the rate for an hour. To find the 15-minute rate please divide the hour rate by 4.	\$6.52
Employment Assistance, CDS Option	H2025	UC	Page 4 under Employment Assistance – per hour. Rate listed on link is the rate for an hour. To find the 15-minute rate please divide the hour rate by 4.	\$6.32

### Out-of-Home Respite (Non-Facility) Respite Care, Camp Setting

- Payable in 15-minute increments, if contracted at 100% for STAR Kids LTSS services.
- Not rate-enhanced eligible.
- To access table online, please review the “State Plan Services – Payment Rate Information” found on [HHSC STAR Kids and STAR Health Provider Finance Department webpage](#).

Service	HCPC	Rate Comment	Rate
Respite Care, Camp Setting	T2027	Page 1 under Camp Rate-per hour. Rate listed on link is the rate for an hour. To find the 15-minute rate please divide the hour rate by 4	\$2.46

### Out-of-Home Respite (Facility)

- S5151 is manually priced per members RUG.
- To access online, please review the “State Plan Services – Payment Rate Information” found on [HHSC STAR Kids and STAR Health Provider Finance Department webpage](#). Managed Care Organizations (MCOs) should use the appropriate RUG-III daily rate to calculate a daily rate for out-of-home respite.

Service	Service Type	HCPC	Modifiers
Out-of-Home Respite (Facility)	Respite Care, not hospice	S5151	NO MOD

### Out-of-Home Respite (Facility) with Partial Vent

- S5151 is manually priced per members RUG.
- To access online, please review the “State Plan Services – Payment Rate Information” found on [HHSC STAR Kids and STAR Health Provider Finance Department webpage](#). MCOs should use the appropriate RUG-III daily rate to calculate a daily rate for out-of-home respite.

Service	Service Type	HCPC	Modifiers
Out-of-Home Respite (Facility) with partial vent	Respite Care, not hospice, with partial vent	S5151	U1

### Out-of-Home Respite (Facility) with Trach

- S5151 is manually priced per members RUG.
- To access online, please review the “State Plan Services – Payment Rate Information” found on [HHSC STAR Kids and STAR Health Provider Finance Department webpage](#). MCOs should use the appropriate RUG-III daily rate to calculate a daily rate for out-of-home respite.

Service	Service Type	HCPC	Modifiers
Out-of-Home Respite (Facility) with trach	Respite Care, not hospice, with trach	S5151	U3



### Out-of-Home Respite (Facility) with Full Vent

- S5151 is manually priced per members RUG.
- To access online, please review the “State Plan Services – Payment Rate Information” found on [HHSC STAR Kids and STAR Health Provider Finance Department webpage](#). MCOs should use the appropriate RUG-III daily rate to calculate a daily rate for out-of-home respite.

Service	Service Type	HPCP	Modifiers
Out-of-Home Respite (Facility) with full vent	Respite Care, not hospice, with full vent	S5151	U2

### In Home Respite

- Payable in 15-minute increments, if contracted at 100% for STAR Kids LTSS services.
- To access table online, please review the “State Plan Services – Payment Rate Information” found on [HHSC STAR Kids and STAR Health Provider Finance Department webpage](#).

Service Type	HPCP	Modifiers	Rate Comment	Rate
Attendant, Agency Model	T1005	U4, U1	Page 1: Respite and Flexible Family Support Services Provided by attendant without delegation by an RN - per hour. divide the rate by 4 so that the units are in 15 min increments.	\$3.33
Attendant, Service Responsibility Option	T1005	U4, U2	Page 1: Respite and Flexible Family Support Services Provided by attendant without delegation by an RN - per hour. divide the rate by 4 so that the units are in 15 min increments.	\$3.33
Attendant, CDS Option	T1005	U4, UC	Page 3: Respite and Flexible Family Support Services Provided by an Attendant Consumer payment Rate - per hour. Divide the rate by 4 so that the units are in 15 min increments.	\$3.13
Attendant with RN delegation, Agency Model	T1005	U4, TD, U1	Page 1: Respite and Flexible Family Support Services Provided by attendant with delegation by an RN - per. Divide the rate by 4 so that the units are in 15 min increments.	\$3.36
Attendant with RN delegation, Service Responsibility Option	T1005	U4, TD, U2	Page 1: Respite and Flexible Family Support Services Provided by attendant with delegation by an RN - per hour. Divide the rate by 4 so that the units are in 15 min increments.	\$3.36
Attendant with RN delegation, CDS Option	T1005	U4, TD, UC	Page 3: Respite and Flexible Family Support Services Provided by an Attendant with RN Delegation Consumer payment Rate - per hour. Divide the rate by 4 so that the units are in 15 min increments.	\$3.16
LVN, Agency Model	T1005	TE, U1	Page 1: Respite and Flexible Family Support Services Provided by a Licensed Vocational Nurse (LVN) - per hour. Divide the rate by 4 so that the units are in 15 min increments.	\$7.42

LVN, Service Responsibility Option	T1005	TE, U2	Page 1: Respite and Flexible Family Support Services Provided by a Licensed Vocational Nurse (LVN) - per hour. Divide the rate by 4 so that the units are in 15 min increments.	\$7.42
LVN, CDS Option	T1005	TE, UC	Page 3: Respite and Flexible Family Support Services Provided by an LVN Consumer Payment Rate - per hour. Divide the rate by 4 so that the units are in 15 min increments.	\$7.17
Specialized LVN, Agency Model	T1005	TE, U7, U1	Page 1: Respite and Flexible Family Support Services Provided by a Specialized LVN - per hour. Divide the rate by 4 so that the units are in 15 min increments.	\$8.54
Specialized LVN, Service Responsibility Option	T1005	TE, U7, U2	Page 1: Respite and Flexible Family Support Services Provided by a Specialized LVN - per hour. Divide the rate by 4 so that the units are in 15 min increments.	\$8.54
Specialized LVN, CDS Option	T1005	TE, U7, UC	Page 3: Respite and Flexible Family Support Services Provided by a Specialized LVN Consumer Payment Rate - per hour. Divide the rate by 4 so that the units are in 15 min increments.	\$8.29
RN, Agency Model	T1005	TD, U1	Page 1: Respite and Flexible Family Support Services Provided by a Registered Nurse (RN) - per hour. Divide the rate by 4 so that the units are in 15 min increments.	\$10.85
RN, Service Responsibility Option	T1005	TD, U2	Page 1: Respite and Flexible Family Support Services Provided by a Registered Nurse (RN) - per hour. Divide the rate by 4 so that the units are in 15 min increments.	\$10.85
RN, CDS Option	T1005	TD, UC	Page 3: Respite and Flexible Family Support Services Provided by an RN Consumer Payment Rate - per hour. Divide the rate by 4 so that the units are in 15 min increments.	\$10.60
Specialized RN, Agency Model	T1005	TD, U7, U1	Page 1: Respite and Flexible Family Support Services Provided by a Specialized RN - per hour. Divide the rate by 4 so that the units are in 15 min increments.	\$12.48
Specialized RN, Service Responsibility Option	T1005	TD, U7, U2	Page 1: Respite and Flexible Family Support Services Provided by a Specialized RN - per hour. Divide the rate by 4 so that the units are in 15 min increments.	\$12.48
Specialized RN, CDS Option	T1005	TD, U7, UC	Page 3: Respite and Flexible Family Support Services Provided by a Specialized RN Consumer	\$12.23

			payment Rate - per hour. Divide the rate by 4 so that the units are in 15 min increments.	
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### Flexible Family Support Services

- Payable in 15-minute increments, if contracted at 100% for STAR Kids LTSS services.
- To access table online, please review the “State Plan Services – Payment Rate Information” found on [HHSC STAR Kids and STAR Health Provider Finance Department webpage](#).

Service Type	HCPC	Modifiers	Rate Comment	Rate
Attendant, Agency Model	S9482	U4, U1	Page 1: Respite and Flexible Family Support Services Provided by attendant without delegation by an RN – per hour. Divide the rate by 4 so that the units are in 15 min increments.	\$3.33
Attendant, Service Responsibility Option	S9482	U4, U2	Page 1: Respite and Flexible Family Support Services Provided by attendant without delegation by an RN - per hour. Divide the rate by 4 so that the units are in 15 min increments.	\$3.33
Attendant, CDS Option	S9482	U4, UC	Page 3: Respite and Flexible Family Support Services Provided by an Attendant Consumer payment Rate - per hour. Divide the rate by 4 so that the units are in 15 min increments.	\$3.13
Attendant with RN delegation, Agency Model	S9482	U4, TD, U1	Page 1: Respite and Flexible Family Support Services Provided by attendant with delegation by an RN - per hour. Divide the rate by 4 so that the units are in 15 min increments.	\$3.36
Attendant with RN delegation, Service Responsibility Option	S9482	U4, TD, U2	Page 1: Page 1: Respite and Flexible Family Support Services Provided by attendant with delegation by an RN - per. Divide the rate by 4 so that the units are in 15 min increments.	\$3.36
Attendant with RN delegation, CDS Option	S9482	U4, TD, UC	Page 3: Respite and Flexible Family Support Services Provided by an Attendant with RN Delegation Consumer payment Rate - per hour. Divide the rate by 4 so that the units are in 15 min increments.	\$3.16
LVN, Agency Model	S9482	TE, U1	Page 1: Respite and Flexible Family Support Services Provided by a Licensed Vocational Nurse (LVN) - per hour. Divide the rate by 4 so that the units are in 15 min increments.	\$7.42
LVN, Service Responsibility Option	S9482	TE, U2	Page 1: Respite and Flexible Family Support Services Provided by a Licensed Vocational Nurse (LVN) - per hour. Divide the rate by 4 so that the units are in 15 min increments.	\$7.42
LVN, CDS Option	S9482	TE, UC	Page 3: Respite and Flexible Family Support Services Provided by an LVN Consumer Payment Rate - per	\$7.17

			hour. Divide the rate by 4 so that the units are in 15 min increments.	
Specialized LVN, Agency Model	S9482	TE, U7, U1	Page 1: Respite and Flexible Family Support Services Provided by a Specialized LVN - per hour. Divide the rate by 4 so that the units are in 15 min increments.	\$8.54
Specialized LVN, Service Responsibility Option	S9482	TE, U7, U2	Page 1: Respite and Flexible Family Support Services Provided by a Specialized LVN - per hour. Divide the rate by 4 so that the units are in 15 min increments.	\$8.54
Specialized LVN, CDS Option	S9482	TE, U7, UC	Page 3: Respite and Flexible Family Support Services Provided by a Specialized LVN Consumer Payment Rate - per hour. Divide the rate by 4 so that the units are in 15 min increments.	\$8.29
RN, Agency Model	S9482	TD, U1	Page 1: respite and flexible family support provided by a registered nurse. Divide the rate by 4 so that the units are in 15 min increments.	\$10.85
RN, Service Responsibility Option	S9482	TD, U2	Page 1: respite and flexible family support provided by a registered nurse. Divide the rate by 4 so that the units are in 15 min increments.	\$10.85
RN, CDS Option	S9482	TD, UC	Page 3: respite and flexible family support provided by a registered nurse. Divide the rate by 4 so that the units are in 15 min increments.	\$ 10.60
Specialized RN, Agency Model	S9482	TD, U7, U1	Page 1: Respite and Flexible Family Support Services Provided by a Specialized RN - per hour. Divide the rate by 4 so that the units are in 15 min increments.	\$12.48
Specialized RN, Service Responsibility Option	S9482	TD, U7, U2	Page 1: Respite and Flexible Family Support Services Provided by a Specialized RN - per hour. Divide the rate by 4 so that the units are in 15 min increments.	\$12.48
Specialized RN, CDS Option	S9482	TD, U7, UC	Page 3: Respite and Flexible Family Support Services Provided by a Specialized RN Consumer payment Rate - per hour. Divide the rate by 4 so that the units are in 15 min increments.	\$12.23

### Additional Information

For questions or additional information, please contact your Account Manager. To access their contact information visit [Find My Account Manager](#).