

**Community Living Assistance and Support Services (CLASS)
Payment Rates Effective September 1, 2024**

Service Description	Service Group	Service Code	Bill Code*	Total	Unit
Case Management Services	2	12	G0201	\$179.87	1 month
In-Home Specialized Nursing RN - EVV OHFH	2	13B	G2206	\$43.39	1 hour
In-Home Specialized Nursing RN - Other Residential Types	2	13B	G2224	\$43.39	1 hour
Specialized Nursing RN - Out-of-Home	2	13B	G2242	\$43.39	1 hour
In-Home Nursing Services - RN - EVV OHFH	2	13C	G2204	\$49.90	1 hour
In-Home Nursing Services - RN - Other Residential Types	2	13C	G2222	\$49.90	1 hour
Nursing Services - RN - Out-of-Home	2	13C	G2240	\$49.90	1 hour
In-Home Nursing Services - LVN - EVV OHFH	2	13A	G2202	\$29.69	1 hour
In-Home Nursing Services - LVN - Other Residential Types	2	13A	G2220	\$29.69	1 hour
Nursing Services - LVN - Out-of-Home	2	13A	G2238	\$29.69	1 hour
In-Home Specialized Nursing LVN - EVV OHFH	2	13D	G2208	\$34.14	1 hour
In-Home Specialized Nursing LVN - Other Residential Types	2	13D	G2226	\$34.14	1 hour
Specialized Nursing LVN - Out-of-Home	2	13D	G2244	\$34.14	1 hour
In-Home Physical Therapy - EVV OHFH	2	8	G2201	\$77.43	1 hour
In-Home Physical Therapy - Other Residential Types	2	8	G2219	\$77.43	1 hour
Physical Therapy - Out-of-Home	2	8	G2237	\$77.43	1 hour
Physical Therapy - Telehealth	2	8	G0401	\$77.43	1 hour
In-Home Occupational Therapy - EVV OHFH	2	7	G2200	\$72.95	1 hour
In-Home Occupational Therapy - Other Residential Types	2	7	G2218	\$72.95	1 hour
Occupational Therapy - Out-of-Home	2	7	G2236	\$72.95	1 hour
Occupational Therapy - Telehealth	2	7	G0400	\$72.95	1 hour

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Service Description	Service Group	Service Code	Bill Code*	Total	Unit
Audiology	2	35	U0300	\$52.73	1 hour
Auditory Integration Training / Auditory Enhancement Training	2	35B	U0306	\$52.73	1 hour
Speech & Language Therapy	2	9	G0402	\$76.29	1 hour
Speech Therapy - Telehealth	2	9	G0402	\$76.29	1 hour
Cognitive Rehabilitation Therapy	2	61	G6089	\$79.53	1 hour
Massage Therapy	2	42A	G0490	\$77.43	Ceiling 1 hour
Recreational Therapy	2	42B	G0491	\$77.43	Ceiling 1 hour
Music Therapy	2	42C	G0492	\$77.43	Ceiling 1 hour
Aquatic Therapy	2	42D	G0493	\$77.43	Ceiling 1 hour
Hippotherapy - Certified Riding Instructor	2	42E	G0494	\$77.43	Ceiling 1 hour
Hippotherapy BY OT	2	42E	G0495	\$77.43	Ceiling 1 hour
Hippotherapy BY PT	2	42E	G0496	\$77.43	Ceiling 1 hour
Nutritional Services	2	34	U0210	\$55.28	1 hour
Behavioral Support	2	43A	H2019	\$79.53	1 hour
In-home Respite	2	11	G0100	\$311.12	1 day
Out-of-Home Respite	2	11A	G0128	\$236.17	1 day
Assessments					
Direct Service Agency (DSA)	2	40B	G0208	\$190.64	Full assessment
Case Management Agency (CMA)	2	40	G0204	\$285.95	Full assessment
DSA or CMA	2	40	G0203	\$104.32	Partial assessment
DSA Partial Assessments	2	40B	G0209	\$104.32	Partial assessment
Support Family Services					
Family	2	55	S5145	\$30.48	1 day
Child Placing Agency	2	55	S5145	\$34.06	1 day

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Service Description	Service Group	Service Code	Bill Code*	Total	Unit
Continued Family Services					
Family	2	55A	H0041	\$30.48	1 day
Child Placing Agency	2	55A	H0041	\$34.06	1 day
Transition Assistance Services	2	53A	G0239	\$158.28	One time
Transition Assistance Services	2	53	T2038	At Cost	At Cost
HAB - Prevocation	2	10B	S0107	\$14.96	1 hour

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**Community Living Assistance and Support Services (CLASS)
Consumer Directed Services (CDS)
Payment Rates Effective September 1, 2024**

Service Description	Service Group	Service Code	Bill Code*	Total	Unit
Financial Management Services Agency Fee	2	63CFV	G1118	\$210.08	1 month
Monthly Administration Fee	2	63V	G0226	\$210.08	1 month
Habilitation - Training	2	10V	G6085	\$14.16	1 hour
Habilitation - ADL'S	2	10V	G6086	\$14.16	1 hour
Habilitation Transportation	2	48V	G0249	\$14.16	1 hour
CFC PAS/HAB	2	10CFV	G1109	\$14.16	1 hour
Employment Assistance	2	54V	H2029	\$25.27	1 hour
Supported Employment	2	37V	H2027	\$25.27	1 hour
In-Home Respite (IHR)	2	11PV	G0197	\$287.12	1 day
Out-of-Home Respite (OHR)	2	11AV	G0196	\$224.17	1 day
In-Home Physical Therapy - EVV OHFH	2	8V	G2201	\$76.43	1 hour
In-Home Physical Therapy - Other Residential Types	2	8V	G2219	\$76.43	1 hour
Physical Therapy - Out-of-Home	2	8V	G2237	\$76.43	1 hour
Physical Therapy - Telehealth	2	8V	G0410	\$76.43	1 hour
In-Home Occupational Therapy - EVV OHFH	2	7V	G2210	\$71.95	1 hour
In-Home Occupational Therapy - Other Residential Types	2	7V	G2228	\$71.95	1 hour
Occupational Therapy - Out-of-Home	2	7V	G2246	\$71.95	1 hour
Occupational Therapy -Telehealth	2	7V	G0408	\$71.95	1 hour
Speech & Language Therapy Client Payment Rate	2	9V	G0410	\$75.29	1 hour
Speech/Language Pathology Therapy - Telehealth	2	9V	G0410	\$75.29	1 hour
Cognitive Rehabilitation Therapy	2	61V	G6090	\$78.53	1 hour
In-Home Nursing Services - RN - EVV OHFH	2	13BV	G2205	\$42.39	1 hour

**Community Living Assistance and Support Services (CLASS)
Consumer Directed Services (CDS)
Payment Rates Effective September 1, 2024**

Service Description	Service Group	Service Code	Bill Code*	Total	Unit
In-Home Nursing Services - RN - Other Residential Types	2	13BV	G2223	\$42.39	1 hour
Nursing Services - RN - Out-of-Home	2	13BV	G2241	\$42.39	1 hour
In-Home Specialized Nursing RN - EVV OHFH	2	13CV	G2207	\$42.39	1 hour
In-Home Specialized Nursing RN - Other Residential Types	2	13CV	G2225	\$42.39	1 hour
Specialized Nursing RN - Out-of-Home	2	13CV	G2243	\$42.39	1 hour
In-Home Nursing Services - LVN - EVV OHFH	2	13AV	G2203	\$28.69	1 hour
In-Home Nursing Services - LVN - Other Residential Types	2	13AV	G2221	\$28.69	1 hour
Nursing Services - LVN - Out-of-Home	2	13AV	G2239	\$28.69	1 hour
In-Home Specialized Nursing LVN - EVV OHFH	2	13DV	G2209	\$33.14	1 hour
In-Home Specialized Nursing LVN - Other Residential Types	2	13DV	G2227	\$33.14	1 hour
Specialized Nursing LVN - Out-of-Home	2	13DV	G2245	\$33.14	1 hour
Support Consultation - New Rate Effective September 1, 2024	2	57V	G0757	\$26.52	1 hour
CFC Support Consultation - New Rate Effective September 1, 2024	2	57CFV	G1115	\$26.52	1 hour

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**Community Living Assistance and Support Services (CLASS)
 Services in Rate Enhancement Program
 Payment Rates Effective September 1, 2024**

Service Description	Service Group	Service Code	Bill Code*	Attendant Cost	Administration /Facility Cost	Total**	Billing Unit
HAB Transportation	2	48	G0248	\$11.75	\$3.21	\$14.96	1 hour
Habilitation - Training	2	10	S0100	\$11.75	\$3.21	\$14.96	1 hour
CFC PAS/HAB	2	10CFC	G1108	\$11.75	\$3.21	\$14.96	1 hour
PAS/HAB SPT Meeting	2	10CFC	G1119	\$11.75	\$3.21	\$14.96	1 hour
Employment Assistance	2	54	H2026	\$19.07	\$7.00	\$26.07	1 hour
Supported Employment	2	37	H2025	\$19.07	\$7.00	\$26.07	1 hour

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**Totals are base rates. For rate enhancement amounts, please see page 7.

**Community Living Assistance and Support Services (CLASS)
Rate Enhancement Amounts
Payment Rates Effective September 1, 2024**

**Community First Choice (CFC) Habilitation, Transportation, PAS & HAB,
Service Planning Team (SPT) Meeting, Employment Assistance and
Supported Employment**

Level	Total RE Payment Amount	Billing Unit
Participant Level 1	\$0.05	1 hour
Participant Level 2	\$0.10	1 hour
Participant Level 3	\$0.15	1 hour
Participant Level 4	\$0.20	1 hour
Participant Level 5	\$0.25	1 hour
Participant Level 6	\$0.30	1 hour
Participant Level 7	\$0.35	1 hour
Participant Level 8	\$0.40	1 hour
Participant Level 9	\$0.45	1 hour
Participant Level 10	\$0.50	1 hour
Participant Level 11	\$0.55	1 hour
Participant Level 12	\$0.60	1 hour
Participant Level 13	\$0.65	1 hour
Participant Level 14	\$0.70	1 hour
Participant Level 15	\$0.75	1 hour
Participant Level 16	\$0.80	1 hour
Participant Level 17	\$0.85	1 hour
Participant Level 18	\$0.90	1 hour
Participant Level 19	\$0.95	1 hour
Participant Level 20	\$1.00	1 hour
Participant Level 21	\$1.05	1 hour
Participant Level 22	\$1.10	1 hour
Participant Level 23	\$1.15	1 hour
Participant Level 24	\$1.20	1 hour
Participant Level 25	\$1.25	1 hour
Participant Level 26	\$1.30	1 hour
Participant Level 27	\$1.35	1 hour
Participant Level 28	\$1.40	1 hour
Participant Level 29	\$1.45	1 hour
Participant Level 30	\$1.50	1 hour
Participant Level 31	\$1.55	1 hour
Participant Level 32	\$1.60	1 hour
Participant Level 33	\$1.65	1 hour
Participant Level 34	\$1.70	1 hour
Participant Level 35	\$1.75	1 hour

Note: Total RE Payment Amounts above are to be added to base rates for services in the Rate Enhancement Program on page 6.

**Community Living Assistance and Support Services (CLASS)
Requisition Fees
Payment Rates Effective September 1, 2024**

Requisition Fees - Specialized Therapies

Service Description	Bill Code*	Service Group	Service Code	Total
Under \$500	G0648	2	41F	10% of cost
\$500 to \$999.99	G0649	2	41F	\$54.03
\$1,000 to \$1,499.99	G0650	2	41F	\$92.85
\$1,500 to \$1,999.99	G0651	2	41F	\$105.66
\$2,000 to \$2,499.99	G0652	2	41F	\$118.86
\$2,500 to \$2,999.99	G0653	2	41F	\$134.21
\$3,000 to \$3,499.99	G0654	2	41F	\$140.81
\$3,500 to \$3,999.99	G0655	2	41F	\$147.02
\$4,000 to \$4,499.99	G0656	2	41F	\$153.62
\$4,500 to \$4,999.99	G0657	2	41F	\$160.22
\$5,000 and over	G0658	2	41F	\$168.96

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Payment Rates Effective September 1, 2024**

Other Services

Service Description	Service Group	Service Code	Bill Code*
RN-Nursing Assessment/Evaluation (Annual Reassessments/Health and Safety/and Post-Hospitalization)	2	13	G0300
Nursing Services - RN Training/RN Delegation/Monitoring and Supervision Partial Unit	2	13	G0300
Nursing Care - RN-Skilled Care Provided in the Client's Home	2	13	G0300
LVN-Nursing Services Partial Unit	2	13	G0301
Nursing Care - LVN-Skilled Care Provided In The Client's Home	2	13	G0301
Specialized Therapies - At Home	2	42	G0404
Specialized Therapies - Activity Therapy - Future Use	2	42	G0404
Specialized Therapies - In Community-Future Use	2	42	G0404
DME - Miscellaneous (Hospital Beds/Ventilator)	2	15	G0500
DME - Rolling Chair	2	15	G0500
DME - Vehicle Modifications to Include Lift	2	15	G0500
DME - Wheelchair/Strollers	2	15	G0500
DME/Adaptive Aids - Electronic Augmentive Ccommunication Devices/Aids/Equipment	2	15	G0500
DME/Adaptive Aids - Electronic Augmentive Communication Devices/Aids/Equipment	2	15	G0500
DME/Adaptive Aids - Non-Electronic Augmentive Communications Aids And Equipment	2	15	G0500
DME/Adaptive Aids - Other (In Home/Non-Vehicle Lift)	2	15	G0500
DME - Medical Equipment (Not Otherwise Specified)	2	15	G0500
DME - Medical Equipment (Not Otherwise Specified)	2	15	G0500
Psychological Services Professional Assessment - ABL	2	14	G0403

**Community Living Assistance and Support Services (CLASS)
Payment Rates Effective September 1, 2024**

Service Description	Service Group	Service Code	Bill Code*
Adaptive Aids - Transportation	2	15	G0500
Adaptive Aids - Personal Care Items (Consumerable Supplies/Diaper/Bed Pad/Ensure)	2	15	G0500
Medical Supplies - (Not Otherwise Specified)	2	15	G0500
Home Modifications	2	16	G0608
Specifications Adaptive Aids	2	41C	G0607
Specifications HM Mods	2	41D	G0604
Inspections HM Mods	2	41G	G0659
Therapeutic Horseback Riding	2	42F	G0498
Dental - Waiver Program	2	5A	N0601
Dental Sedation	2	5B	N0602
Agency Admin-Habilitation	2	10	S0124
Respite In-Home -Individual	2	11	G0101
Agency Admin - In-Home Respite	2	11	G0171
Agency Admin - Out-of-Home Respite	2	11A	G0170
CDS - CLASS Orientation Fee	2	62V	G0222
Habilitation Attendant Care Services - Delegated Nursing	2	10A	S0105
Habilitation Personal Care Services - Nursing	2	10A	S0105

* Payment rate information is published by procedure code in the applicable Texas Medicaid Fee Schedule located on the Texas Medicaid & Healthcare Partnership (TMHP) website (see Fee Schedules):
<https://public.tmhp.com/FeeSchedules/Default.aspx>