

**STAR Kids and STAR Health - State Plan Services  
Payment Rates Effective September 1, 2024**

<b>Service Description</b>	<b>Bill Code *</b>	<b>Mod 1</b>	<b>Mod 2</b>	<b>Mod 3</b>	<b>Mod 4</b>	<b>Rate **</b>	<b>Unit</b>
Day Activities & Health Services	S5101					\$16.72	minimum of 3 hours but less than 6 hours
Day Activities & Health Services	S5101					\$33.44	6 hours or more
Day Activities & Health Services (MDCP)***	S5101	U6				\$16.72	minimum of 3 hours but less than 6 hours
Day Activities & Health Services (MDCP)***	S5101	U6				\$33.44	6 hours or more
Personal Care Services (PCS) (AO)	T1019	U1				\$3.64	15 minutes
PCS (SRO)	T1019	U2				\$3.64	15 minutes
PCS Behavioral Health Conditions (AO)	T1019	UB	U1			\$3.76	15 minutes
PCS Behavioral Health Condition (SRO)	T1019	UB	U2			\$3.76	15 minutes
CFC PCS Attendant Care Only (AO)	T1019	UD	U1			\$3.64	15 minutes
CFC PCS Attendant Care Only (AO) (MDCP)***	T1019	UD	U1	U6		\$3.64	15 minutes
CFC PCS Attendant Care Only (SRO)	T1019	UD	U2			\$3.64	15 minutes
CFC PCS Attendant Care Only (SRO) (MDCP)***	T1019	UD	U2	U6		\$3.64	15 minutes
CFC Habilitation and Attendant Care, HAB (AO)	T1019	U9	U1			\$3.63	15 minutes
CFC Habilitation and Attendant Care, HAB (AO) (MDCP)***	T1019	U9	U1	U6		\$3.63	15 minutes
CFC Habilitation and Attendant Care, HAB (SRO)	T1019	U9	U2			\$3.63	15 minutes
CFC Habilitation and Attendant Care, HAB (SRO) (MDCP)***	T1019	U9	U2	U6		\$3.63	15 minutes
Emergency Response Services (Installation and Testing)	S5160					\$50.00	1 unit per service
Emergency Response Services (Monthly) (CFC)	S5161	U2				\$37.61	1 month
Prescribed Pediatric Extended Care, greater than 4 hours	T1025					\$389.49	4.25 hours or more
Prescribed Pediatric Extended Care, greater than 4 hours (MDCP)***	T1025	U6				\$389.49	4.25 hours or more
Prescribed Pediatric Extended Care, up to 4 hours	T1026					\$32.46	1 hour
Prescribed Pediatric Extended Care, up to 4 hours (MDCP)***	T1026	U6				\$32.46	1 hour
Prescribed Pediatric Extended Care Transportation	T2002					\$37.94	1 day
Prescribed Pediatric Extended Care Transportation (MDCP)***	T2002	U6				\$37.94	1 day

\*Bill codes, modifiers, and billing units were current according to the STAR Kids Handbook, updated on July 1, 2023, at the time this rate sheet was published, August 16, 2024. For the most up-to-date bill code information, please see: <https://www.hhs.texas.gov/handbooks/starplus-handbook/appendix-xvi-long-term-services-supports-codes-modifiers>

\*\*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>

\*\*\*The Medically Dependent Children Program (MDCP) modifier (U6) was added to state plan services to designate MDCP members on encounter claims. These services are not funded under the MDCP waiver.

**STAR Kids and STAR Health - State Plan Services  
Consumer Directed Services  
Payment Rates Effective September 1, 2024**

<b>Service Description</b>	<b>Bill Code*</b>	<b>Mod 1</b>	<b>Mod 2</b>	<b>Mod 3</b>	<b>Mod 4</b>	<b>Rate</b>	<b>Billing Unit</b>
PCS Financial Management Service Agency Fee <b>- New Rate Eff. September 1, 2024</b>	T2040	U9	U1			\$120.55	1 month
CFC Financial Management Service Agency Fee <b>- New Rate Eff. September 1, 2024</b>	T2040	U9	U2			\$120.55	1 month
Personal Care Services (PCS)	T1019	UC				\$3.44	15 minutes
PCS Behavioral Health Condition	T1019	UB	UC			\$3.56	15 minutes
CFC PCS Attendant Care Only	T1019	UD	UC			\$3.44	15 minutes
CFC PCS Attendant Care Only (MDCP)**	T1019	UD	UC	U6		\$3.44	15 minutes
CFC Habilitation and Attendant Care, HAB	T1019	U9	UC			\$3.59	15 minutes
CFC Habilitation and Attendant Care, HAB (MDCP)**	T1019	U9	UC	U6		\$3.59	15 minutes

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\*\*The Medically Dependent Children Program (MDCP) modifier (U6) was added to state plan services to designate MDCP members on encounter claims. These services are not funded under the MDCP waiver.

**STAR Kids and STAR Health - State Plan Services  
Payment Rates Effective January 1, 2024**

**Other Services\***

<b>Service Description</b>	<b>Bill Code**</b>	<b>Mod 1</b>	<b>Mod 2</b>	<b>Mod 3</b>	<b>Mod 4</b>
RN Assessment for delegation of PCS tasks	G0162	U1			
RN Assessment for delegation of CFC tasks	G0162	U2			
RN training and ongoing supervision of delegated tasks	G0495				
PDN, LVN	T1000	TE			
PDN, Specialized LVN	T1000	TE	UA		
PDN, RN	T1000	TD			
PDN, Specialized RN	T1000	TD	UA		
PDN, Independently Enrolled LVN	T1000	U3	TE		
PDN, Independently Enrolled Specialized LVN	T1000	U3	TE	UA	
PDN, Independently Enrolled RN	T1000	U3	TD		

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<https://public.tmhp.com/FeeSchedules/Default.aspx>

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