Rate Guide

Billing for STAR Kids & STAR Health

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

Effective September 1, 2025, all agencies will transition to a new higher base rate that eliminates the Attendant Compensation Rate Enhancement (ACRE) program. Superior HealthPlan updated its system to accommodate the rate changes identified and published by Texas Health and Human Services Commission (HHSC).

It is expected that the total compensation providers pay to their personal attendant staff averages to at least $13.00 per hour. Additionally, to achieve the average wage of $13.00 per hour, providers have the flexibility to pay attendant staff through any type of compensation, subject to payroll taxes, including regular wages, overtime, and non-hourly compensation such as bonuses.

- *Please note: Rates that are payable in 15-minute increments, based off a provider's contracted rates, and are rounded to the nearest whole number. Providers may reference the rates posted within HHSC's Long-Term Services & Supports (LTSS) Provider Finance Department webpage or HHSC's STAR Kids and STAR Health Provider Finance Department webpage.*
- *Please note: Not all services applicable to STAR Health. If applicable it will be stated under the service type.*

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.

Service Type	HCPC	Modifiers	Rate
CFC PCS Attendant care Only (AO)	T1019	UD, U1	$4.46
CFC PCS Attendant care Only (AO) (MDCP)	T1019	UD, U1, U6	$4.46
CFC PCS Attendant care Only (SRO)	T1019	UD, U2	$4.46
CFC PCS Attendant care Only (SRO) (MDCP)	T1019	UD, U2, U6	$4.46
CFC PCS Attendant care Only (CDS)	T1019	UD, UC	$4.26
CFC PCS Attendant care Only (CDS) (MDCP)	T1019	UD, UC, U6	$4.26
CFC Habilitation and Attendant Care, HAB- Agency Model	T1019	U9, U1	$4.46
CFC PCS Attendant Care (CDS)	T1019	U3	$4.26
CFC Habilitation and Attendant Care, HAB- Agency Model (MDCP)	T1019	U9, U1, U6	$4.46
CFC Habilitation and Attendant Care, HAB- Service Responsibility Option Model	T1019	U9, U2	$4.46
CFC Habilitation and Attendant Care, HAB- Service Responsibility Option Model (MDCP)	T1019	U9, U2, U6	$4.46
CFC Habilitation and Attendant Care, HAB- Consumer Directed Services Model	T1019	U9, UC	$4.42
CFC Habilitation and Attendant Care, HAB- Consumer Directed Services Model (MDCP)	T1019	U9, UC, U6	$4.42

PCS

- Payable in 15-minute increments, if contracted at 100% for STAR Kids LTSS services.

Service Type	HCPC	Modifiers	Rate
PCS - Agency Model	T1019	U1	$4.46
PCS - Service Responsibility Option Model	T1019	U2	$4.46
PCS - Consumer Directed Services Model	T1019	UC	$4.26
PCS, BH Condition - Agency Model	T1019	UB, U1	$4.57
PCS, BH Condition - Service Responsibility Option Model	T1019	UB, U2	$4.57
PCS, BH Condition - Consumer Directed Services Model	T1019	UB, UC	$4.37

PCS – STAR Health

- To access rates please visit TMHP Fee Schedule.

Service Type	HCPC	Modifiers	Rate
PCS – Agency Model	T1019	U6	$4.46
CFC - Habilitation only, or Attendant and Habilitation	T1019	U9	$4.57
PCS, BH Condition – Agency Model	T1019	UA	$4.57
CFC– Attendant Care Only	T1019	UD	$4.46
CFC Habilitation and Attendant Care CDS Option	T1019	U4	$4.37
FMSA PCS, Attendant Care CDS Option	T1019	U7	$4.26
FMSA PCS, BH Condition CDS Option	T1019	UB	$4.37

Nurse Delegation and Supervision

Home Health Agency

- Payable in 15-minute increments, if contracted at 100% for STAR Kids LTSS services.
- 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

- No longer rate-enhanced effective September 1, 2025.

Service Type	HCPC	Modifiers	Base Rate
Day Activities & Health Services (3-6 hours = 1 unit)	S5101	N/A	$18.59
Day Activities & Health Services (6+ hours = 2 unit)	S5101	N/A	$37.18

Day Activities & Health Services (3-6 hours = 1 unit) (MDCP)	S5101	U6	$18.59
Day Activities & Health Services (6+ hours = 2 unit) (MDCP)	S5101	U6	$37.18

Emergency Response Services

- 1 Month = 1 Unit

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Service Type	HCPC	Modifiers	Rate
Emergency Response Services (Monthly) (CFC)	S5161	U2	$37.61
Emergency Response Services (Monthly) (CFC) (MDCP)	S5161	U2, U6	$37.61
Emergency Response Services (Installation and Testing)	S5160	N/A	$50.00

Private Duty Nursing (PDN)

- To access table online, please review the "Comprehensive Care Program - Private Duty Nursing" file on the TMHP Fee Schedule.

Service Type	HCPC	Modifiers	TMHP Modifier Crosswalk	Rate
PDN, LVN	T1000	TE	T1000 (TE), home health procedure rate	$8.46
PDN, LVN (MDCP)	T1000	TE, U6	N/A	$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	N/A	$9.27
PDN, RN	T1000	TD	T1000 (TD), home health procedure rate	$11.56
PDN, RN (MDCP)	T1000	TD, U6	N/A	$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	N/A	$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	N/A	$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	N/A	$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	N/A	$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	N/A	$10.22

Prescribed Pediatric Extended Care (PPEC)

- 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	HCPC	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)

- 1 Month = 1 Unit

Service Type	HCPC	Modifiers	Rate
Financial Management Service (FMS) Fee, Monthly Fee, PCS	T2040	U9, U1	$114.40
FMS Fee, Monthly Fee, CFC	T2040	U9, U2	$114.40
FMS Fee, Monthly Fee, CFC (MDCP)	T2040	U3, U2, U6	$210.08
FMS Fee, Monthly Fee, MDCP	T2040	U9, U6	$210.08

Transition Assistance Services (TAS)

- 1 Unit per Service.
  Applicable to STAR Health

Service Type	HCPC	Rate
Transition Assistance Services	T2038	$158.28

Minor Home Modifications

- S5165 is manually priced, require invoices/MSRP.
  Applicable to STAR Health

Service Type	HCPC	Modifiers	Rate
Minor Home Modifications	S5165	N/A	Manually Priced
Minor Home Modifications (CDS)	S5165	UC	Manually Priced

Adaptive Aids

- T2028, T2029, T2039 is manually priced, require invoices/MSRP.
  Applicable to STAR Health

Service Type	HCPC	Modifier	Rate
Adaptive Aid- NOS	T2028	N/A	Manually Priced
Adaptive Aid- NOS (CDS)	T2028	UC	Manually Priced
Adaptive Aid- Medical Equipment	T2029	N/A	Manually Priced
Adaptive Aid- Medical Equipment (CDS)	T2029	UC	Manually Priced
Adaptive Aid- Vehicle Modification	T2039	N/A	Manually Priced
Adaptive Aid- Vehicle Modification (CDS)	T2039	UC	Manually Priced

Supported Employment & Employment Assistance

- Payable in 15-minute increments, if contracted at 100% for STAR Kids LTSS services.
  Applicable to STAR Health

Service Type	HCPC	Modifiers	Rate
Supported Employment, Agency Model	H2023	U1	$6.58
Supported Employment, Service Responsibility Option	H2023	U2	$6.58
Supported Employment, CDS Option	H2023	UC	$6.32
Employment Assistance, Agency Model	H2025	U1	$6.58
Employment Assistance, Service Responsibility Option	H2025	U2	$6.58

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

- Payable in 15-minute increments, if contracted at 100% for STAR Kids LTSS services.
  Applicable to STAR Health

Service	HCPC	Rate
Respite Care, Camp Setting	T2027	$2.46

Out-of-Home Respite (Facility)

- S5151 is manually priced per members RUG.
- To access online, please review 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.*
  Applicable to STAR Health

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 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.*

Applicable to STAR Health

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 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.*

Applicable to STAR Health

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 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.*

Applicable to STAR Health

Service	Service Type	HCPC	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.

Applicable to STAR Health

Service Type	HCPC	Modifiers	Rate
Attendant, Agency Model	T1005	U4, U1	$3.33
Attendant, Service Responsibility Option	T1005	U4, U2	$3.33
Attendant, CDS Option	T1005	U4, UC	$3.13
Attendant with RN delegation, Agency Model	T1005	U4, TD, U1	$3.36
Attendant with RN delegation, Service Responsibility Option	T1005	U4, TD, U2	$3.36
Attendant with RN delegation, CDS Option	T1005	U4, TD, UC	$3.16
LVN, Agency Model	T1005	TE, U1	$7.42
LVN, Service Responsibility Option	T1005	TE, U2	$7.42
LVN, CDS Option	T1005	TE, UC	$7.17
Specialized LVN, Agency Model	T1005	TE, U7, U1	$8.54
Specialized LVN, Service Responsibility Option	T1005	TE, U7, U2	$8.54
Specialized LVN, CDS Option	T1005	TE, U7, UC	$8.29

RN, Agency Model	T1005	TD, U1	$10.85
RN, Service Responsibility Option	T1005	TD, U2	$10.85
RN, CDS Option	T1005	TD, UC	$10.60
Specialized RN, Agency Model	T1005	TD, U7, U1	$12.48
Specialized RN, Service Responsibility Option	T1005	TD, U7, U2	$12.48
Specialized RN, CDS Option	T1005	TD, U7, UC	$12.23

Flexible Family Support Services

- Payable in 15-minute increments, if contracted at 100% for STAR Kids LTSS services.
  Applicable to STAR Health

Service Type	HCPC	Modifiers	Rate
Attendant, Agency Model	S9482	U4, U1	$4.16
Attendant, Service Responsibility Option	S9482	U4, U2	$4.16
Attendant, CDS Option	S9482	U4, UC	$3.96
Attendant with RN delegation, Agency Model	S9482	U4, TD, U1	$4.19
Attendant with RN delegation, Service Responsibility Option	S9482	U4, TD, U2	$4.19

Attendant with RN delegation, CDS Option	S9482	U4, TD, UC	$3.99
LVN, Agency Model	S9482	TE, U1	$7.42
LVN, Service Responsibility Option	S9482	TE, U2	$7.42
LVN, CDS Option	S9482	TE, UC	$7.17
Specialized LVN, Agency Model	S9482	TE, U7, U1	$8.54
Specialized LVN, Service Responsibility Option	S9482	TE, U7, U2	$8.54
Specialized LVN, CDS Option	S9482	TE, U7, UC	$8.29
RN, Agency Model	S9482	TD, U1	$10.85
RN, Service Responsibility Option	S9482	TD, U2	$10.85
RN, CDS Option	S9482	TD, UC	$ 10.60
Specialized RN, Agency Model	S9482	TD, U7, U1	$12.48
Specialized RN, Service Responsibility Option	S9482	TD, U7, U2	$12.48
Specialized RN, CDS Option	S9482	TD, U7, UC	$12.23

Additional Information

For questions or additional information, please contact your Provider Representative. To access their contact information visit Find My Provider Representative.