

| <b>Assistive Care Services Fee Schedule</b><br><b>October 1, 2024</b> |                 |                                |                    |                                |
|---|-----------------|--------------------------------|--------------------|--------------------------------|
| <b>Code</b>   | <b>Modifier</b> | <b>Description of Services</b> | <b>Maximum Fee</b> | <b>Maximum Allowable Units</b> |
| T1020   |                 | ACS for Non-Waiver recipients  | \$15.58            | 1 per day                      |