

5123-9-29

APPENDIX

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BILLING UNIT, SERVICE CODES, AND PAYMENT RATES
FOR HOME-DELIVERED MEALS

Billing Unit:	Per meal	
Service Codes:	Individual Options Waiver	AMN
	Level One Waiver	FMN
	Self-Empowered Life Funding Waiver	SMN
Payment Rates:	Kosher meal	\$8.68
	Therapeutic meal	\$8.68
	Standard meal	\$7.20