

**Participant/Self-Direction Invoice: Provider Agency/Contractor (Non-Timesheet)**  
**FAX: 1-866-302-6787      MAIL: CONDUENT, PO Box 27460, Albuquerque, NM 87125**

Provider Agency/Contractor \_\_\_\_\_ Is this a correction to a PRIOR invoice?  Yes  No

Date of Invoice (mm/dd/yyyy) \_\_\_\_\_ Total Invoice \$ \_\_\_\_\_ (must match total \$ below)

Member/Participant Name: \_\_\_\_\_ Member/Participant Date of Birth: \_\_\_\_\_

Date	Service Code	Hours per Day*	Rate per Hour*	Rate per Unit**	# of Units**	Total Charge	What Service(s) were provided? Be specific.	Member present?	
								<input type="checkbox"/> Y <input type="checkbox"/> N	
								<input type="checkbox"/> Y <input type="checkbox"/> N	
								<input type="checkbox"/> Y <input type="checkbox"/> N	
								<input type="checkbox"/> Y <input type="checkbox"/> N	
								<input type="checkbox"/> Y <input type="checkbox"/> N	
								<input type="checkbox"/> Y <input type="checkbox"/> N	
								<input type="checkbox"/> Y <input type="checkbox"/> N	
								<input type="checkbox"/> Y <input type="checkbox"/> N	
								<input type="checkbox"/> Y <input type="checkbox"/> N	
Total Hours			Total Units/Charge			\$			

\*Hours are entered for any service that is delivered hourly.

\*\* A 'UNIT' is defined as a service that is delivered as a single item (each), per 15 minutes, daily, monthly, mile or visit/session.

Provider/Vendor Signature: \_\_\_\_\_ Date \_\_\_\_\_

<i>Example</i>	<i>Example</i>	<i>Example</i>	<i>Example</i>	<i>Example</i>	<i>Example</i>	<i>Example</i>	<i>Example</i>	<i>Example</i>	
Date	SVC Code	Hrs per Day	Rate per Hour	Rate per Unit	Units per Day	Total Charge	What Service(s) were provided? Be specific.	Member present?	
04-25-11	S9470	4	12.00			\$48.00	Nutritional Counseling	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
04-26-11	T2049			0.34	50	\$17.00	Mileage to the community center and back home.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
04-27-11	T2033			25.00	1	\$25.00	Customized In-Home Living Support	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
Total Hours		4	Total Units		51	\$90.00			

This form MUST be attached to the Payment Request Form (PRF) for all services.

Service Code	Service Code Description	Billing Method
97810	Acupuncture	Per 15 min
T2031	Assisted Living – Daily	Daily
H2019	Behavior Support Consultation	Per 15 min
90901	Biofeedback	Visit
98940	Chiropractic	Visit
T1999CE-I	Coaching Education for Parents, Spouse or Other (use for all other items that do not fit the sub-codes description under T1999CS-I or T1999CL-I)	Each
T1999CS-I	Coaching Education for Parents/Spouse: Conferences and Seminars ONLY	Each
T1999CL-I	Coaching Education for Parents/Spouse: Classes ONLY	Each
97532	Cognitive Rehab Therapy	Per 15 min
H2021	Community Direct Support/Navigation	Per 15 min
T2025	Community Supports Coordinator	Monthly
S5100	Customized Community Support	Per 15 min
T2033	Customized In-Home Living Supports	Daily
S5160	Emergency Response Testing and Maintenance	Each
S5161	Emergency Response Monthly Service Fee	Monthly
T2019	Employment Supports (includes Job Coach)	Each
S5165	Environmental Modifications (EMOD)	Each
T1999CP-I	Fees and Memberships	Each
T1999HR-I	Health-Related Equipment & Supplies (use for all other Health-Related Equipment and Supplies that do not fit the sub-code description under T1999AE-I, T1999EE-I, T1999NS-I, T1999OM-I)	Each
T1999AE-I	Adaptive Equipment and Supplies	Each
T1999EE-I	Exercise Equipment and Related Items	Each
T1999NS-I	Nutritional Supplements	Each
T1999OM-I	Over-the-Counter Medications	Each
S8940	Hippotherapy	Visit
S9122	Home Health Aide	Hour
99509	Homemaker/Direct Support	Hourly
T1999HG-I	Household Related Goods Item/Invoice	Each
T1999AI-I	Appliances for Independence Item/Invoice	Each
T1999AF-I	Adaptive Furniture Item/Invoice	Each
T2019JD	Job Developer	Each
97124	Massage Therapy	Per 15 min
S8990	Naprapathy	Visit
S9445	Native American Healers	Session
S9470	Nutritional Counseling Adults	Hourly
G0152	Occupational Therapy	Per 15 min
T1007	Personal Plan Facilitation	Each
G0151	Physical Therapy	Per 15 min
H2032	Play Therapy	Per 15 min
T1003	Private Duty Nursing LPN	Per 15 min

Service Code	Service Code Description	Billing Method
T1002	Private Duty Nursing RN	Per 15 min
T1005HHA	Respite Home Health Aide	Per 15 min
T1005SD	Respite Standard	Per 15 min
T1005LPN	Respite LPN	Per 15 min
T1005RN	Respite RN	Per 15 min
G0153	Speech/Language Pathology	Per 15 min
T1999TS	Technology for Safety and Independence	Each
T1999CR	Computer Purchase (item)	Each
T1999PR	Printer Purchase (item)	Each
T1999FX	Fax Machine Purchase (item)	Each
T1999CPEP	Cell Phone and Related Equipment Purchase (item)	Each
T1999IS	Internet Service	Each
T1999CELL	Cell Phone Service	Each
T1999LS	Landline Service	Each
T1999ICL	Internet/Cell Phone/Landline Service (bundled)	Each
T1999IC	Internet/Cell Phone Service (bundled)	Each
T1999IL	Internet/Landline Service (bundled)	Each
T1999CPL	Cell Phone/Landline Service (bundled)	Each
T1999OS	Office Supplies (purchased as items)	Each
T2004	Transportation Commercial Carrier Pass	Each
T2007	Transportation Time	Hourly
T2003	Transportation Trip	Each
T2049	Transportation Mile	Per Mile

### Supports Waiver Only Service Codes

Service Code	Service Code Description	Billing Method
H2019	Behavior Support Consultation	Per 15 min
H2021	Community Direct Support/Navigation	Per 15 min
T2025	Community Supports Coordinator	Monthly
S5100	Customized Community Support	Per 15 min
T2019	Employment Supports (includes Job Coach)	Each
S5165	Environmental Modifications (EMOD)	Each
T1999AE-I	Adaptive Equipment and Supplies	Each
99509	Homemaker/Direct Support	Hourly
T1005SD	Respite Standard	Per 15 min
T1999TS	Technology for Safety and Independence	Each
T2049	Transportation Mile	Per Mile

Please see the Participant/Self-Direction program policy for specific provider requirements at [http://www.hsd.state.nm.us/mad/pdf\\_files/provmanl/prov83146.pdf](http://www.hsd.state.nm.us/mad/pdf_files/provmanl/prov83146.pdf) or call the Participant/Self-Direction Helpdesk: 1-800-283-4415.