

ABI Procedure Code Crosswalk 6/12/2023

Procedure	Description	Unit Increment	Billing Provider	Span DOS Y/N	Valid Frequency	Care Plan Limitation	Funding Source	ABI Benefit Plan	EVV Mandate	Effective/ End Date
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INDIVIDUAL SERVICES BILLED BY ALLIED COMMUNITY RESOURCES - PROVIDER TYPE/SPECIALTY 52/029

1212M	RECOVERY ASSISTANT, INDIVIDUAL	PER 15 MIN	ALLIED ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	2	Mandated	
1213P	RECOVERY ASSISTANT II, INDIVIDUAL	PER 15 MIN	ALLIED ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	2	Mandated	
1397Z**	ASSISTIVE TECHNOLOGY	PER UNIT	ALLIED ONLY	N	FREQUENCY N/A DOLLARS AUTHORIZED	DSS PA REQUIRED MAX \$15,000/PER THREE YEAR PERIOD, IN PROCESS STATUS	WAIVER ONLY	1 & 2	N/A	EFFECTIVE 12/1/2019
1533P	CHORE SERVICE INDIVIDUAL	PER 15 MIN	ALLIED ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	1&2	Mandated	
1535p	INDIVIDUAL COMPANION PER 1/4 HOUR	PER 15 MIN	ALLIED ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	1	Mandated	
1537P	COMPANION INDIVIDUAL	PER 15 MIN	ALLIED ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	2	Mandated	
1538p	ENVIRONMENTAL MODIFICATIONS, PER UNIT (MAXIMUM \$10,100/YR)	\$\$	ALLIED ONLY	N	FREQUENCY N/A DOLLARS AUTHORIZED	IN EXCESS OF \$10,100 PER YEAR, IN PROCESS STATUS	WAIVER ONLY	1&2	N/A	
1543P	HOMEMAKER SERVICES, INDIVIDUAL PER 1/4 HOUR	PER 15 MIN	ALLIED ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	1&2	Mandated	
1546P	INDEPENDENT LIVING SKILLS TRAINING, PER 15 MIN	1 PER HOUR - EFFECTIVE 3/1/17 per 15 min.	ALLIED ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	1&2	Mandated	
1562P	RESPIRE CARE PER HOUR	1 PER HOUR	ALLIED ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	1&2	Mandated (in Home)	
1564P	SPECIALIZED MEDICAL EQUIPEMENT PER UNIT (MAXIMUM \$10,100 PER YEAR)	\$\$	ALLIED ONLY	N	FREQUENCY N/A DOLLARS AUTHORIZED	IN EXCESS OF \$10,100 PER YEAR, IN PROCESS STATUS	WAIVER ONLY	1&2	N/A	END DATE 11/30/2019
1575P	TRANSPORTATION - MILEAGE	PER MILE	ALLIED ONLY	N	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	1&2	N/A	
1578P	VEHICLE MODIFICATION PER UNIT, (MAXIMUM \$10,100 PER YEAR)	\$\$	ALLIED ONLY	N	FREQUENCY N/A DOLLARS AUTHORIZED	IN EXCESS OF \$10,100 PER YEAR, IN PROCESS STATUS	WAIVER ONLY	1&2	N/A	ABI I EFFECTIVE 3/23/20

ABI SERVICES BILLED BY ABI SERVICE PROVIDERS - PROVIDER TYPE/ SPEICALTY 52/027

1021Z ****	PERSONAL CARE SERVICES, PER 15 MINUTES, AGENCY (TU MODIFIER ALLOWED WHEN CAREGIVER PROVIDES MORE THAN 40 HRS OF SERVICE IN A PAY WEEK)	PER 15 MIN	ABI SERVICE PROV ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	1&2	MANDATED	ABI 1 - SRVC EFFECTIVE 3/16/20 -11/11/2023. ABI 2 - OVERTIME (MODIFIER TU) NOT ALLOWED EFFECTIVE 11/12/2023.
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Procedure	Description	Unit Increment	Billing Provider	Span DOS Y/N	Valid Frequency	Care Plan Limitation	Funding Source	ABI Benefit Plan	EVV Mandate	Effective/ End Date
33 ****	PERSONAL CARE SERVICES, PER 15 MINUTES, AGENCY (TU MODIFIER ALLOWED WHEN CAREGIVER PROVIDES MORE THAN 40 HRS OF SERVICE IN A PAY WEEK) 1021Z, 1021Z TU 1021Z TT, 1021Z TT TU	PER 15 MIN	ABI SERVICE PROV ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	1&2	MANDATED	ABI 1 SRVC EFFECTIVE 3/16/20 -11/11/2023 ABI 2 - OVERTIME (MODIFIER TU) NOT ALLOWED EFFECTIVE 11/12/2023.
41 ****	PERSONAL CARE SERVICES, PER 15 MINUTES, AGENCY - ONE TIME ONLY (TU MODIFIER ALLOWED WHEN CAREGIVER PROVIDES MORE THAN 40 HRS OF SERVICE IN A PAY WEEK) 1021Z U2, 1021Z U2 TU 1021Z U2 TT, 1021Z U2 TT TU	PER 15 MIN	ABI SERVICE PROV ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	1&2	MANDATED	ABI 1 - SRVC EFFECTIVE 3/16/20 - 11/11/2023. ABI 2 - OVERTIME (MODIFIER TU) NOT ALLOWED EFFECTIVE 11/12/2023.
1022Z	PERSONAL CARE SERVICES OVERNIGHT, AGENCY	1 PER DAY	ABI SERVICE PROV ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	1&2	MANDATED	ABI 1 EFFECTIVE 3/16/20 - 11/11/2023. ABI 2 EFFECTIVE 5/1/2017
34	PERSONAL CARE SERVICES OVERNIGHT, AGENCY 1022Z 1022Z TT	1 PER DAY	ABI SERVICE PROV ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	1&2	MANDATED	ABI 1 EFFECTIVE 3/16/20 - 11/11/2023. ABI 2 EFFECTIVE 5/1/2017
3022Z	PERSONAL CARE SERVICES OVERNIGHT, CANNOT BE COMPLETED, PRORATED HOURLY	PER HOUR, UP TO 11 HOURS PER DAY	ABI SERVICE PROV ONLY	N	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	1&2	MANDATED	ABI 1 EFFECTIVE 3/16/20 - 11/11/2023. ABI 2 EFFECTIVE 5/1/2017
37	PCA AGENCY OVERNIGHT, PRO RATED HOURLY 3022Z 3022Z TT	11 MAXIMUM ALLOWED PER DAY	ABI SERVICE PROV ONLY	N	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	1&2	MANDATED	ABI 1 EFFECTIVE 3/16/20 - 11/11/2023. ABI 2 EFFECTIVE 1/1/2018
1023Z	PERSONAL CARE SERVICES PER DIEM, AGENCY	1 PER DAY	ABI SERVICE PROV ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	1&2	MANDATED	ABI 1 EFFECTIVE 3/16/20 - 11/11/2023. ABI 2 EFFECTIVE 5/1/2017
35	PERSONAL CARE SERVICES PER DIEM, AGENCY 1023Z, 1023Z TT	1 PER DAY	ABI SERVICE PROV ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	1&2	MANDATED	ABI 1 EFFECTIVE 3/16/20 - 11/11/2023. ABI 2 EFFECTIVE 5/1/2017
1225Z	PCA AGENCY, PER DIEM, CANNOT BE COMPLETED, PRORATED HOURLY	23 MAXIMUM ALLOWED PER DAY	ABI SERVICE PROV ONLY	N	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	1&2	MANDATED	ABI 1 EFFECTIVE 3/16/20 - 11/11/2023. ABI 2 EFFECTIVE 5/1/2017
38	PCA AGENCY, PER DIEM, CANNOT BE COMPLETED, PRORATED HOURLY 1225Z 1225Z TT	23 MAXIMUM ALLOWED PER DAY	ABI SERVICE PROV ONLY	N	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	1&2	MANDATED	ABI 1 EFFECTIVE 3/16/20 - 11/11/2023. ABI 2 EFFECTIVE 1/1/2018
1200Z ***	ADULT DAY HEALTH - FULL DAY (APPROVED MEDICAL MODEL PROVIDER)	1 PER DAY	ABI SERVICE PROV ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	2	N/A	
1201Z ***	ADULT DAY HEALTH - FULL DAY (APPROVED MEDICAL MODEL PROVIDER)	1 PER DAY	ABI SERVICE PROV ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	2	N/A	
1202Z ***	ADULT DAY HEALTH - HALF DAY (LESS THAN OR EQUAL TO 4 HOURS)	1 PER DAY	ABI SERVICE PROV ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	2	N/A	
971***	ADULT DAY CARE 1200Z 1201Z 1202Z	1 PER DAY	ABI SERVICE PROV ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	2	N/A	
AD***	ADULT DAY CARE (ONE TIME ONLY) 1200Z U2 1201Z U2 1202Z U2	1 PER DAY	ABI SERVICE PROV ONLY	N	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	2	N/A	

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1211P ****	RECOVERY ASSISTANT (TU MODIFIER ALLOWED WHEN CAREGIVER PROVIDES MORE THAN 40 HRS OF SERVICE IN A PAY WEEK)	PER 15 MIN	ABI SERVICE PROV ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	2	MANDATED	OVERTIME (MODIFIER TU) NO LONGER ALLOWED EFFECTIVE 11/12/2023
1212P ****	RECOVERY ASSISTANT II (TU MODIFIER ALLOWED WHEN CAREGIVER PROVIDES MORE THAN 40 HRS OF SERVICE IN A PAY WEEK)	PER 15 MIN	ABI SERVICE PROV ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	2	MANDATED	OVERTIME (MODIFIER TU) NO LONGER ALLOWED EFFECTIVE 11/12/2023
1232Z	RESPIRE CARE IN THE HOME PER HOUR, OTHER	1 PER HOUR	ABI SERVICE PROV ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	2	MANDATED	
1448P	COGNITIVE BEHAVIORAL INTERVENTIONS PER 15 MIN, NOT FACE-TO-FACE	PER 15 MIN	ABI SERVICE PROV ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	1&2	N/A	
1548P	COGNITIVE BEHAVIORAL INTERVENTIONS PER 15 MIN, FACE-TO-FACE	PER 15 MIN	ABI SERVICE PROV ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	1&2	N/A	
757	COGNITIVE BEHAVIORAL SERVICES 1448P 1548P	PER 15 MIN	ABI SERVICE PROV ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	1&2	N/A	
1531P	COMMUNITY LIVING SUPPORT SERVICES	1 PER DAY	ABI SERVICE PROV ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	1&2	MANDATED	
1532P	CHORE SERVICES PER 1/4 HOUR	PER 15 MIN	ABI SERVICE PROV ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	1&2	MANDATED	
1534P	COMMUNITY LIVING SUPPORT SERVICES PER 1/2 DAY	1 PER DAY	ABI SERVICE PROV ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	1&2	MANDATED	
1536P ****	COMPANION SERVICES PER 1/4 HOUR (MAXIMUM 18 HOURS PER DAY) (ELECTRONIC OR TELEPHONIC SERVICES ALLOWED ***) (TU MODIFIER ALLOWED WHEN CAREGIVER PROVIDES MORE THAN 40 HRS OF SERVICE IN A PAY WEEK ****)	PER 15 MIN	ABI SERVICE PROV ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	1&2	EVV TEMPORARILY SUSPENDED EFFECTIVE 3/16/2020 - 11/11/2023 DUE TO THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD MANDATED	EFFECTIVE 3/16/20 - 11/11/2023 THE 18 HR. DAILY LIMIT ELIMINATED DUE TO COVID-19.
1538P	ENVIRONMENTAL MODIFICATIONS PER UNIT (MAXIMUM \$10,100 PER YEAR)	\$\$	ABI SERVICE PROV ONLY	N	FREQUENCY N/A DOLLARS AUTHORIZED	IN EXCESS OF \$10,100 PER YEAR IN PROCESS STATUS	WAIVER ONLY	1&2	N/A	
1542P	HOMEMAKER SERVICES PER 1/4 HOUR	PER 15 MIN	ABI SERVICE PROV ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	1&2	MANDATED	
1546P	INDEPENDENT LIVING SKILL DEVELOPMENT (AGENCY) MAXIMUM 12 HOUR PER DAY	1 PER HOUR, EFFECTIVE 3/1/17 PER 15 MIN	ABI SERVICE PROV ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	1&2	OPTIONAL	
1547P	INDEPENDENT LIVING SKILL DEVELOPMENT (GROUP) PER HOUR	1 PER HOUR	ABI SERVICE PROV ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	1&2	N/A	
1549P	CONSULTATION SERVICES	1 PER YEAR	ABI SERVICE PROV ONLY	N	PER YEAR	AUTO-APPROVE	WAIVER ONLY	1&2	N/A	
1550P	HOME DELIVERED MEALS PER DAY (SINGLE MEAL)	7 PER DAY MAX	ABI SERVICE PROV ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	1&2	N/A	
1551P	HOME DELIVERED MEALS PER DAY (DOUBLE MEALS)	7 PER DAY MAX	ABI SERVICE PROV ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	1&2	N/A	
S5170*****	HOME DELIVERED PREPARED MEAL - SINGLE MEAL (SHELF STABLE)	14 PER DAY MAX	ABI SERVICE PROV ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	1&2	N/A	EFFECTIVE 4/1/2020 - 11/11/2023
19312*****	HOME DELIVERED PREPARED MEALS - DOUBLE MEAL (SHELF STABLE)	14 PER DAY MAX	ABI SERVICE PROV ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	1&2	N/A	EFFECTIVE 4/1/2020 - 11/11/2023

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969	MEALS 1550P, S5170 1551P, 1931Z	1 PER DAY	ABI SERVICE PROV ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	1&2	N/A	EFFECTIVE 4/1/2020 - 11/11/2023 S5170 & 1931Z INCLUDED IN SERVICE AUTH.
AB	MEALS (ONE TIME ONLY) 1550P U2, S5170 U2 1551P U2, 1931Z U2	1 PER DAY	ABI SERVICE PROV ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	1&2	N/A	EFFECTIVE 4/1/2020 - 11/11/2023 S5170 & 1931Z WITH U2 MODIFIER INCLUDED IN SERVICE AUTH.
1556P**	PERSONAL EMERGENCY RESPONSE SYSTEM (INSTALLATION)	1 PER YEAR	ABI SERVICE PROV ONLY	N	PER YEAR	AUTO-APPROVE	WAIVER ONLY	1&2	N/A	
1557P	PERSONAL SERVICE EMERGENCY RESPONSE SYSTEM (MONTHLY SERVICE ONE-WAY)	2 PR MONTH	ABI SERVICE PROV ONLY	N	PER MONTH	AUTO-APPROVE	WAIVER ONLY	1&2	N/A	
1558P	PERSONAL EMERGENCY RESPONSE TWO WAY	1 PER MONTH	ABI SERVICE PROV ONLY	N	PER MONTH	AUTO-APPROVE	WAIVER ONLY	1&2	N/A	
1560P	PRE-VOCATIONAL SERVICES PER HOUR MAXIMUM 40 HOURS/WK	1 PER HOUR	ABI SERVICE PROV ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	1&2	OPTIONAL	
1561P	ABI GROUP DAY MAXIMUM 8 PER DAY	1 PER HOUR	ABI SERVICE PROV ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	1&2	N/A	
1562P	RESPIRE CARE PER HOUR	1 PER HOUR	ABI SERVICE PROV ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	1&2	OPTIONAL	
1564P	SPECIALIZED MEDICAL EQUIPMENT PER MONTH (MAXIMUM \$10,100 YEAR)	\$\$	ABI SERVICE PROV ONLY	N	FREQUENCY N/A DOLLARS AUTHORIZED	IN EXCESS OF \$10,100 PER YEAR IN PROCESS STATUS	WAIVER ONLY	1&2	N/A	END DATE 11/30/2019
1566P	SUBSTANCE ABUSE PROGRAM PER DAY MAXIMUM 56 DAYS PER YEAR	1 PER DAY	ABI SERVICE PROV ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	1&2	N/A	
1567P	SUBSTANCE ABUSE PROGRAM PER HOUR	1 PER HOUR	ABI SERVICE PROV ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	1&2	N/A	
1572P	SUPPORTED EMPLOYMENT PER HOUR MAXIMUM 40 HOURS PER WEEK CANNOT BE PROVIDED WITH PRE-VOC	1 PER HOUR	ABI SERVICE PROV ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	1&2	OPTIONAL	
1574P	TRANSPORTATION ONE WAY TRIP PUBLIC	PER TRIP	ABI SERVICE PROV ONLY	N	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	1&2	N/A	
1575P	TRANSPORTATION MILEAGE	PER MILE	ABI SERVICE PROV ONLY	N	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	1&2	N/A	
1578P	VEHICLE MODIFICATION PER UNIT (MAXIMUM \$10,100 PER YEAR)	\$\$	ABI SERVICE PROV ONLY	N	FREQUENCY N/A DOLLARS AUTHORIZED	IN EXCESS OF \$10,100 PER YEAR IN PROCESS STATUS	WAIVER ONLY	1&2	N/A	
1580P	TRANSITIONAL LIVING PER DAY MAXIMUM 183 DAYS PER YEAR	1 PER DAY	ABI SERVICE PROV ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	1	N/A	
H2035	A/D TX PROGRAM PER HOUR	1 PER HOUR	ABI SERVICE PROV ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	1	N/A	
H2036	A/D TX PROGRAM PER DIEM	1 PER DAY	ABI SERVICE PROV ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	1	N/A	
T1013	SIGN LANG/ORAL INTERPRETER	PER 15 MIN	ABI SERVICE PROV ONLY	Y*	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	1	N/A	

CFC SUPPORT AND PLANNING COACH SERVICES BILLED BY CFC S&P COACH - PROVIDER TYPE/SPEC - 50/506

44	2043Z - SUPPORT & PLANNING COACH, AGENCY PER 15 MIN (INCLUSIVE OF H2014 WHEN PROC MOD LIST 44 AUTHORIZED)	\$\$	CFC S&P COACH PROVIDER	Y*	FREQUENCY N/A \$\$ AUTHORIZED	AUTO APPROVED SERVICE LIMITED TO 12 UNITS PER DAY	MEDICAID ONLY	1 & 2	N/A	SERVICE EFFECTIVE 5/1/2022
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44	H2014 - SKILLS TRAINING & DEVELOPMENT PER 15 MIN (INCLUSIVE OF 2043Z WHEN PROC MOD LIST 44 AUTHORIZED)	\$\$	CFC S&P COACH PROVIDER	Y*	FREQUENCY N/A \$\$ AUTHORIZED	AUTO APPROVED SERVICE LIMITED TO 32 UNITS PER DAY	MEDICAID ONLY	1 & 2	N/A	SERVICE EFFECTIVE 5/1/2022

CARE OF PERSONS WITH DEMENTIA (COPE) - PROVIDER TYPE/SPEC - 05/050, 87/171, 17/171

S0274	HOME CARE TRAINING BY RN (COPE CERTIFICATE REQUIRED)	PER 15 MIN	HHA, GROUP OR INDIV OT PROVIDER	N	3 VISITS PER CALENDAR YEAR	FIRST VISIT = 2 HRS. REMAINING VISTS = 1 HR	MEDICAID ONLY	1 & 2	N/A	SERVICE EFFECTIVE DATE - PENDING
S5108	HOME CARE TRAINING BY OT (COPE CERTIFICATE REQUIRED)	PER 15 MIN	HHA, GROUP OR INDIV OT PROVIDER	N	10 VISITS PER CALENDAR YEAR	FIRST VISIT = 2 HRS. REMAINING VISTS = 1 HR	MEDICAID ONLY	1 & 2	N/A	SERVICE EFFECTIVE DATE - PENDING

COMMUNITY LIVING IN PLACE, ADVANCED BTTER LIVING FOR ELDER (CAPABLE) PROVIDER TYPE/SPEC - 05/050, 87/171, 17/171, 81/802

G9002	CARE COORDINATION BY RN (CAPABLE CERTIFICATE REQUIRED)	PER 15 MIN	HHA, GROUP OR INDIV OT PROVIDER	N	4 VISITS PER CALENDAR YEAR	FIRST VISIT = 2 HRS. REMAINING VISTS = 1 HR	MEDICAID ONLY	1 & 2	N/A	SERVICE EFFECTIVE DATE - PENDING
G9006	CARE COORDINATION BY OT (CAPABLE CERTIFICATE REQUIRED)	PER 15 MIN	HHA, GROUP OR INDIV OT PROVIDER	N	6 VISITS PER CALENDAR YEAR	FIRST VISIT = 2 HRS. REMAINING VISTS = 1 HR	MEDICAID ONLY	1 & 2	N/A	SERVICE EFFECTIVE DATE - PENDING
1417Z	ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS (CAPABLE CERTIFICATE REQUIRED)	\$\$ AUTHORIZED	HHA, GROUP OR INDIV OT (FOR HANDY WORKER SRVS)	N	\$\$ AUTHORIZED	PA REQUIRED FOR 1-2 VISITS FOR HOME REPAIRS OR MINOR HOME MODIFICATIONS UP TO \$2,000	MEDICAID ONLY	1 & 2	N/A	SERVICE EFFECTIVE DATE - PENDING
1397Z	ASSISTIVE TECHNOLOGIIES	\$\$ AUTHORIZED	HHA, GROUP OR INDIV OT PROVIDER	N	\$ AUTHORIZED COST LIMIT DETERMINED BY PA	MAXIMUM \$2,000 PER CALENDAR YEAR	MEDICAID ONLY	1 & 2	N/A	SERVICE EFFECTIVE DATE - PENDING

HOME HEALTH SERVICES BILLED BY HOME HEALTH AGENCIES 50/050

441*****	SPEECH THERAPY, IN THE HOME, PER DIEM	1 PER DAY	HOME HEALTH AGENCY ONLY	N	PER WEEK OR MONTH	DUE TO THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD EFFECTIVE 4/1/2020 - 5/20/2021 THE PA THRESHOLD INCREASED TO IN EXCESS OF THE INITIAL EVAL AND 4 VISITS PER WEEK	MEDICAID ONLY	1&2	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD 4/12/2020-05/11/2023 MANDATED	
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Procedure	Description	Unit Increment	Billing Provider	Span DOS Y/N	Valid Frequency	Care Plan Limitation	Funding Source	ABI Benefit Plan	EVV Mandate	Effective/ End Date
444 *****	SPEECH THERAPY EVALUATION FOR START OF CARE (SOC)/ RESUMPTION OF CARE (ROC)	1 PER VISIT	HOME HEALTH AGENCY ONLY	N	PER DATE SPAN	AUTO-APPROVE	MEDICAID ONLY	2	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD 4/12/2020-05/11/2023 MANDATED	SERVICE EFFECTIVE 1/1/2018.
G0153 *****	QUALIFIED SPEECH LANGUAGE THERAPIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	PER 15 MIN	HOME HEALTH AGENCY ONLY	N	PER DATE SPAN	MAXIMUM 6 UNITS ALLOWED PER 60 DAYS	MEDICAID ONLY	1&2	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD 4/12/2020-05/11/2023 MANDATED	SERVICE EFFECTIVE 1/1/2018.
431*****	OCCUPATIONAL THERAPY, IN THE HOME, PER DIEM	1 PER DAY	HOME HEALTH AGENCY ONLY	N	PER WEEK OR MONTH	DUE TO THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD EFFECTIVE 4/1/2020 - 5/20/2021 THE PA THRESHOLD INCREASED TO IN EXCESS OF THE INITIAL EVAL AND 2 OT VISITS PER WEEK	MEDICAID ONLY	1&2	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD 3/26/2020-05/11/2023 MANDATED	
434*****	OCCUPATIONAL THERAPY EVALUATION START OF CARE (SOC)/ RESUMPTION OF CARE (ROC)	1 PER VISIT	HOME HLTH AGENCY ONLY	N	PER DATE SPAN	AUTO-APPROVE	MEDICAID ONLY	1&2	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD 4/12/2020-05/11/2023 MANDATED	SERVICE EFFECTIVE 1/1/2018.
G0152 *****	QUALIFIED OCCUPATIONAL THERAPIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	PER 15 MIN	HOME HEALTH AGENCY ONLY	N	PER DATE SPAN	MAXIMUM 6 UNITS ALLOWED PER 60 DAYS	MEDICAID ONLY	1&2	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD 4/12/2020-05/11/2023 MANDATED	SERVICE EFFECTIVE 1/1/2018.

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421*****	PHYSICAL THERAPY, IN THE HOME, PER DIEM	1 PER DAY	HOME HEALTH AGENCY ONLY	N	PER WEEK OR MONTH	DUE TO THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD EFFECTIVE 4/1/2020 - 5/20/2021 THE PA THRESHOLD INCREASED TO IN EXCESS OF THE INITIAL EVAL AND 4 PT VISITS PER WEEK	MEDICAID ONLY	1&2	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD 4/12/2020-05/11/2023 MANDATED	
424*****	PHYSICAL THERAPY EVALUATION START OF CARE (SOC)/ RESUMPTION OF CARE (ROC)	1 PER VISIT	HOME HEALTH AGENCY ONLY	N	PER DATE SPAN	AUTO-APPROVE	MEDICAID ONLY	1&2	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD 4/12/2020-05/11/2023 MANDATED	SERVICE EFFECTIVE 1/1/2018.
G0151*****	QUALIFIED PHYSICAL THERAPY IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	PER 15 MIN	HOME HEALTH AGENCY ONLY	N	PER DATE SPAN	MAXIMUM 6 UNITS ALLOWED PER 60 DAYS	MEDICAID ONLY	1&2	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD 4/12/2020-05/11/2023 MANDATED	SERVICE EFFECTIVE 1/1/2018.
H0033	ORAL MEDICATION ADMINISTRATION, DIRECT OBSERVATION	1 PER VISIT	HOME HEALTH AGENCY ONLY	N	PER DATE SPAN	PA REQUIRED FROM THE FIRST VISIT	MEDICAID ONLY	1&2	MANDATED	
29	ORAL MEDICATION ADMINISTRATION, DIRECT OBSERVATION H0033, H0033TT	1 PER VISIT	HOME HEALTH AGENCY ONLY	N	PER DATE SPAN	PA REQUIRED FROM THE FIRST VISIT	MEDICAID ONLY	1&2	MANDATED	EFFECTIVE 3/1/2017
39	SKILLED SERVICES BY REGISTERED NURSE (RN) FOR MANAGEMENT AND EVALUATION OF A PLAN OF CARE G0162 G0162 TT	PER 15 MIN	HOME HEALTH AGENCY ONLY	N	PER DATE SPAN	MAXIMUM 6 UNITS ALLOWED PER 60 DAYS	MEDICAID ONLY	1&2	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD 4/12/2020-05/11/2023 MANDATED	EFFECTIVE 1/1/2018

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Procedure	Description	Unit Increment	Billing Provider	Span DOS Y/N	Valid Frequency	Care Plan Limitation	Funding Source	ABI Benefit Plan	EVV Mandate	Effective/ End Date
40	SKILLED SERVICES BY REGISTERED NURSE (RN) FOR MANAGEMENT AND EVALUATION OF A PLAN OF CARE, ONE TIME ONLY G0162 U2 G0162 U2 TT	PER 15 MIN	HOME HEALTH AGENCY ONLY	N	PER DATE SPAN	MAXIMUM 6 UNITS ALLOWED PER 60 DAYS	MEDICAID ONLY	1&2	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD 4/12/2020-05/11/2023 MANDATED	EFFECTIVE 1/1/2018
G0162 *****	SKILLED SERVICES BY REGISTERED NURSE (RN) FOR MANAGEMENT AND EVALUATION OF A PLAN OF CARE	PER 15 MIN	HOME HEALTH AGENCY ONLY	N	PER DATE SPAN	MAXIMUM 6 UNITS ALLOWED PER 60 DAYS	MEDICAID ONLY	1&2	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD 4/12/2020-05/11/2023 MANDATED	SERVICE EFFECTIVE 1/1/2018.
T1001	NURSING ASSESSMENT/ EVALUATION	1 PER EVAL	HOME HEALTH AGENCY ONLY	N	PER DATE SPAN	PA REQUIRED > 1 PER UNIT PER CLIENT/ PROVIDER	MEDICAID ONLY	1&2	MANDATED	
36	NURSING ASSESSMENT/ EVALUATION T1001 T1001 TT	1 PER EVAL	HOME HEALTH AGENCY ONLY	N	PER DATE SPAN	PA REQUIRED > 1 PER UNIT PER CLIENT/ PROVIDER	MEDICAID ONLY	1&2	MANDATED	EFFECTIVE 1/1/2018
T1002 *****	RN SERVICES, UP TO 15 MINUTES (MUST BE BILLED IN CONJUNCTION WITH S9123)	PER 15 MIN	HOME HEALTH AGENCY ONLY	N	PER WEEK OR MONTH	4 UNITS ALLOWED PER 1 UNIT OF S9123	MEDICAID ONLY	1&2	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD 4/12/2020-05/11/2023 MANDATED	
T1003 *****	LPN/ LVN SERVICES, UP TO 15 MINUTES (MUST BE BILLED IN CONJUNCTION WITH S9124)	PER 15 MIN	HOME HEALTH AGENCY ONLY	N	PER WEEK OR MONTH	4 UNITS ALLOWED PER 1 UNIT OF S9124	MEDICAID ONLY	1&2	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD 4/12/2020-05/11/2023 MANDATED	
T1004	SERVICES OF A QUALIFIED NURSING AIDE, UP TO 15 MINUTES	PER 15 MIN	HOME HEALTH AGENCY ONLY	N	PER WEEK OR MONTH	IN EXCESS OF 56 PER WEEK OR IN EXCESS OF 248 PER MONTH	MEDICAID ONLY	1&2	MANDATED	

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Procedure	Description	Unit Increment	Billing Provider	Span DOS Y/N	Valid Frequency	Care Plan Limitation	Funding Source	ABI Benefit Plan	EVV Mandate	Effective/ End Date
NA	SERVICES OF A QUALIFIED NURSING AIDE, UP TO 15 MINUTES T1004 T1004 TT	PER 15 MIN	HOME HEALTH AGENCY ONLY	N	PER WEEK OR MONTH	IN EXCESS OF 56 PER WEEK OR IN EXCESS OF 248 PER MONTH OR ANY COMBINATION OF T1004, NA OR NN	MEDICAID ONLY	1&2	MANDATED	
NN	SERVICES OF A QUALIFIED NURSING AIDE, UP TO 15 MINUTES T1004 U2 T1004 U2 TT	PER 15 MIN	HOME HEALTH AGENCY ONLY	N	PER WEEK OR MONTH	IN EXCESS OF 56 PER WEEK OR IN EXCESS OR 248 PER MONTH OR ANY COMBINATION OF T1004, NA OR NN	MEDICAID ONLY	1&2	MANDATED	
T1021	MED TECH (HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT)	1 PER VISIT	HOME HEALTH AGENCY ONLY	N	PER WEEK OR MONTH	PA REQUIRED FROM THE FIRST VISIT	MEDICAID ONLY	1&2	MANDATED	
MT	MED TECH (HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT) T1021 T1021 TT	1 PER VISIT	HOME HEALTH AGENCY ONLY	N	PER WEEK OR MONTH	PA REQUIRED FROM THE FIRST VISIT	MEDICAID ONLY	1&2	MANDATED	
MU	MED TECH (HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT) ONE TIME ONLY T1021 U2 T1021 U2 TT	1 PER VISIT	HOME HEALTH AGENCY ONLY	N	PER WEEK OR MONTH	PA REQUIRED FROM THE FIRST VISIT	MEDICAID ONLY	1&2	MANDATED	
SN *****	SKILLED NURSING S9123, S9123 95, S9123 GT S9123 TT, S9123 TT 95, S9123 TT GT S9124, S9124 95, S9124 GT TT, S9124 TT 95, S9124 TT GT	S9124 1 PER VISIT	HOME HEALTH AGENCY ONLY	N	PER DATE SPAN	DUE TO THE COVID-19 PHE EFFECTIVE 4/1/2020 - 5/20/2021 THE PA THRESHOLD INCREASED TO > 5 PER WEEK OF ANY COMBINATION OF SN, SS, MA, & MM	MEDICAID ONLY	1&2	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD 4/12/2020-05/11/2023 MANDATED	TELEHEALTH SERVICE (MODIFIERS 95 OR GT) NOT ALLOWED FOR DATES OF SERVICE ON OR AFTER 5/12/2023.
SS *****	SKILLED NURSING S9123 U2, S9123 U2 95, S9123 U2 GT S9123 U2 TT, S9123 U2 TT 95, S9123 U2 TT GT S9124 U2, S9124 U2 95, S9124 U2 GT S9124 U2 TT, S9124 U2 TT 95, S9124 U2 TT GT	1 PER VISIT	HOME HEALTH AGENCY ONLY	N	PER DATE SPAN	DUE TO THE COVID-19 PHE EFFECTIVE 4/1/2020 - 5/20/2021 THE PA THRESHOLD INCREASED TO > 5 PER WEEK OF ANY COMBINATION OF SN, SS, MA, & MM	MEDICAID ONLY	1&2	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD 4/12/2020-05/11/2023 MANDATED	TELEHEALTH SERVICE (MODIFIERS 95 OR GT) NOT ALLOWED FOR DATES OF SERVICE ON OR AFTER 5/12/2023.
MA *****	MEDICATION ADMINISTRATION T1502, T1502 95, T1502 GT T1502 TT, T1502 TT 95, T1502 TT GT T1503, T1503 95, T1503 GT T1503 TT, T1503 TT 95, T1503 TT GT	1 PER VISIT	HOME HEALTH AGENCY ONLY	N	PER DATE SPAN	DUE TO THE COVID-19 PHE EFFECTIVE 4/1/2020 - 5/20/2021 THE PA THRESHOLD INCREASED TO > 5 PER WEEK OF ANY COMBINATION OF SN, SS, MA, & MM	MEDICAID ONLY	1&2	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD 4/12/2020-05/11/2023 MANDATED	TELEHEALTH SERVICE (MODIFIERS 95 OR GT) NOT ALLOWED FOR DATES OF SERVICE ON OR AFTER 5/12/2023.
MM *****	MEDICATION ADMINISTRATION (ONE TIME ONLY) T1502 U2, T1502 U2 95, T1502 U2 GT T1502 U2 TT, T1502 U2 TT 95, T1502 U2 TT GT T1503 U2, T1503 U2 95, T1503 U2 GT T1503 U2 TT, T1503 U2 TT 95, T1503 U2 TT GT	1 PER VISIT	HOME HEALTH AGENCY ONLY	N	PER DATE SPAN	DUE TO THE COVID-19 PHE EFFECTIVE 4/1/2020 - 5/20/2021 THE PA THRESHOLD INCREASED TO > 5 PER WEEK OF ANY COMBINATION OF SN, SS, MA, & MM	MEDICAID ONLY	1&2	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD 4/12/2020-05/11/2023 MANDATED	TELEHEALTH SERVICE (MODIFIERS 95 OR GT) NOT ALLOWED FOR DATES OF SERVICE ON OR AFTER 5/12/2023.

Procedure	Description	Unit Increment	Billing Provider	Span DOS Y/N	Valid Frequency	Care Plan Limitation	Funding Source	ABI Benefit Plan	EVV Mandate	Effective/ End Date
CFC SERVICES BILLED BY CFC FI SERVICE PROVIDER - PROVIDER TYPE/ SPEC 50/501										
CF	PERSONAL CARE SERVICES: PER DIEM 1019Z 1019Z TT 1019Z U2 1019Z TT U2	\$\$	CFC FI/ PCA SERVICE PROVIDER ONLY		FREQUENCY NOT APPLICABLE. DOLLARS AUTHORIZED, NOT UNITS.	AUTO-APPROVE	MEDICAID	1&2	OPTIONAL	
	PERSONAL CARE SERVICES: OVERNIGHT 1020Z 1020Z TT 1020Z U2 1020Z TT U2	\$\$	CFC FI/ PCA SERVICE PROVIDER ONLY		FREQUENCY NOT APPLICABLE. DOLLARS AUTHORIZED, NOT UNITS.	AUTO-APPROVE	MEDICAID	1&2	MANDATED	
	MEAL SERVICE - SINGLE HOT MEAL 1218Z 1218Z U2	\$\$	CFC FI/ PCA SERVICE PROVIDER ONLY		FREQUENCY NOT APPLICABLE. DOLLARS AUTHORIZED, NOT UNITS.	AUTO-APPROVE	MEDICAID	1&2	N/A	
	DOUBLE MEAL (ONE HOT-ONE COLD) 1220Z 1220Z U2	\$\$	CFC FI/ PCA SERVICE PROVIDER ONLY		FREQUENCY NOT APPLICABLE. DOLLARS AUTHORIZED, NOT UNITS.	AUTO-APPROVE	MEDICAID	1&2	N/A	
	KOSHER MEALS DOUBLE 1221Z 1221Z TT	\$\$	CFC FI/ PCA SERVICE PROVIDER ONLY		FREQUENCY NOT APPLICABLE. DOLLARS AUTHORIZED, NOT UNITS.	AUTO-APPROVE	MEDICAID	1&2	N/A	
	HOME DELIVERED PREPARED MEAL - SINGLE MEAL (SHELF STABLE) ***** S5170	\$\$	CFC FI/ PCA SERVICE PROVIDER ONLY		FREQUENCY NOT APPLICABLE. DOLLARS AUTHORIZED, NOT UNITS.	AUTO-APPROVE	MEDICAID	1&2	N/A	EFFECTIVE 4/1/2020 - 11/11/2023
	HOME DELIVERED PREPARED MEALS - DOUBLE MEAL (SHELF STABLE) ***** 1931Z	\$\$	CFC FI/ PCA SERVICE PROVIDER ONLY		FREQUENCY NOT APPLICABLE. DOLLARS AUTHORIZED, NOT UNITS.	AUTO-APPROVE	MEDICAID	1&2	N/A	EFFECTIVE 4/1/2020 - 11/11/2023
	TWO-WAY PERS SYSTEM ONGOING SERVICES** 1223Z 1223Z TT	\$\$	CFC FI/ PCA SERVICE PROVIDER ONLY		FREQUENCY NOT APPLICABLE. DOLLARS AUTHORIZED, NOT UNITS.	AUTO-APPROVE	MEDICAID	1&2	N/A	
	PCA INDIVIDUAL PER DIEM PRORATED HOURLY 1227Z 1227Z TT 1227Z U2 1227Z TT U2	\$\$	CFC FI/ PCA SERVICE PROVIDER ONLY		FREQUENCY NOT APPLICABLE. DOLLARS AUTHORIZED, NOT UNITS.	AUTO-APPROVE	MEDICAID	1&2	Optional	
	PERSONAL CARE ASSISTANCE 1520P 1520P TT 1520P U2 1520P TT U2	\$\$	CFC FI/ PCA SERVICE PROVIDER ONLY		FREQUENCY NOT APPLICABLE. DOLLARS AUTHORIZED, NOT UNITS.	AUTO-APPROVE	MEDICAID	1&2	Mandated	

ABI Procedure Code Crosswalk

Procedure	Description	Unit Increment	Billing Provider	Span DOS Y/N	Valid Frequency	Care Plan Limitation	Funding Source	ABI Benefit Plan	EVV Mandate	Effective/ End Date
	WORKERS COMPENSATION COVERAGE 1525P	\$\$	CFC FI/ PCA SERVICE PROVIDER ONLY		FREQUENCY NOT APPLICABLE. DOLLARS AUTHORIZED, NOT UNITS.	AUTO-APPROVE	MEDICAID	1&2	N/A	
	PERSONAL EMERGENCY RESPONSE SYSTEM (INSTALLATION) 1556P 1556P TT	\$\$	CFC FI/ PCA SERVICE PROVIDER ONLY		FREQUENCY NOT APPLICABLE. DOLLARS AUTHORIZED, NOT UNITS.	AUTO-APPROVE	MEDICAID	1&2	N/A	
	SUPPORT AND PLANNING COACH, INDIVIDUAL 2042Z 2042Z TT 2042Z U2 2042Z TT U2	\$\$	CFC FI/ PCA SERVICE PROVIDER ONLY		FREQUENCY NOT APPLICABLE. DOLLARS AUTHORIZED, NOT UNITS.	AUTO-APPROVE	MEDICAID	1&2	OPTIONAL	
	SUPPORT AND PLANNING COACH AGENCY 2043Z 2043Z TT 2043Z U2 2043Z TT U2	\$\$	CFC FI/ PCA SERVICE PROVIDER ONLY		FREQUENCY NOT APPLICABLE. DOLLARS AUTHORIZED, NOT UNITS.	AUTO-APPROVE	MEDICAID	1&2	OPTIONAL	END DATE 04302022
	PCA INDIVIDUAL OVERNIGHT PRORATED HOURLY 3020Z 3020Z TT 3020Z U2 3020Z TT U2	\$\$	CFC FI/ PCA SERVICE PROVIDER ONLY		FREQUENCY NOT APPLICABLE. DOLLARS AUTHORIZED, NOT UNITS.	AUTO-APPROVE	MEDICAID	1&2	MANDATED	
	PHYSICAL THERAPY COACH G0151 G0151 TT	\$\$	CFC FI/ PCA SERVICE PROVIDER ONLY		FREQUENCY NOT APPLICABLE. DOLLARS	AUTO-APPROVE	MEDICAID	1&2	OPTIONAL	
	OCCUPATIONAL THERAPY COACH G0152 G0152 TT G0152 U2 G0152 TT U2	\$\$	CFC FI/ PCA SERVICE PROVIDER ONLY		FREQUENCY NOT APPLICABLE. DOLLARS AUTHORIZED, NOT UNITS.	AUTO-APPROVE	MEDICAID	1&2	OPTIONAL	
	SPEECH LANGUAGE THERAPY COACH G0153 G0153 TT G0153 U2 G0153 TT U2	\$\$	CFC FI/ PCA SERVICE PROVIDER ONLY		FREQUENCY NOT APPLICABLE. DOLLARS AUTHORIZED, NOT UNITS.	AUTO-APPROVE	MEDICAID	1&2	OPTIONAL	
	SKILLED SERVICES OF A LICENSED NURSE (LPN OR RN) IN THE TRAINING/ EDUCATION G0164 G0164 TT G0164 U2 G0164 TT U2	\$\$	CFC FI/ PCA SERVICE PROVIDER ONLY		FREQUENCY NOT APPLICABLE. DOLLARS AUTHORIZED, NOT UNITS.	AUTO-APPROVE	MEDICAID	1&2	OPTIONAL	END DATE 12/31/2016
	HOME CARE TRAINING TO HOME CARE CLIENT, PER 15 MINUTES S5108	\$\$	CFC FI/ PCA SERVICE PROVIDER ONLY		FREQUENCY NOT APPLICABLE. DOLLARS AUTHORIZED, NOT UNITS.	AUTO-APPROVE	MEDICAID	1&2	OPTIONAL	EFFECTIVE 1/1/2017

*Spanned dates of service cannot exceed the frequency (weekly or monthly) of the service on the care plan.

*Spanned dates of service cannot span multiple PA line details on the care plan.

** These codes cannot be authorized or billed with a U2 modifier.

ABI Procedure Code Crosswalk

Procedure	Description	Unit Increment	Billing Provider	Span DOS Y/N	Valid Frequency	Care Plan Limitation	Funding Source	ABI Benefit Plan	EVV Mandate	Effective/ End Date
	<p>*** Companion Services, up to two (2) hours per day, permitted electronically or telephonically , during the COVID-19 Public Health Emergency Period, effective from dates of service March 16, 2020 - November 11, 2023 *** Adult Day Programs permitted to provide Video Communication Services to include a virtual assessment of each participant and the delivery of at least two (2) meals per day during the COVID-19 Public Health Emergency Period effective from dates of service March 16, 2020 - November 11, 2023.</p>									
	<p>**** Overtime rate for select services billed with Modifier TU, allowed during the COVID-19 Public Health Emergency Period effective for dates of service March 16, 2020 - November 11, 2023.</p>									
	<p>**** Medication Administration allowed via TeleMedicine or Telephonic Services during the COVID-19 Public Health Emergency Period from dates of service March 26, 2020 - May 11, 2023.</p>									
	<p>***** TeleMedicine Services only are allowed for the following services, during the COVID-19 Public Health Emergency Period. Effective March 26, 2020 - May 11, 2023 - Physical Therapy, Occupational Therapy and Speech Language Pathology service visits. Effective April 12, 2020 - May 11, 2023 - Skilled Nursing Visits by an RN or LPN. Skilled Nursing 60 day Recertifications and Recertifications for Physical Therapy, Occupational Therapy and Speech Language Pathology. Start of Care Evaluations for Physical Therapy, Occupational Therapy and Speech Language Pathology.</p>									
	<p>NOTE: Home Health Services provided via Telemedicine require a 95 (member located in home) or GT (member's originating site located healthcare facility or office) modifier.</p>									
	<p>***** Shelf Stable Meals (single and double) allowed during the COVID-19 Public Health Emergency Period effective from dates of service April 1, 2020 - November 11, 2023.</p>									
	<p>Note: All procedure codes can be authorized with a TT modifier. If authorized the TT modifier must be on the claim.</p>									
	<p>Note: Procedure Codes or Code Lists effective start of program (9/1/2016) in portal unless otherwise indicated.</p>									