

Autism Waiver Procedure Code Crosswalk 6/12/2023

Proc. Code	Description	Unit Increment	Billing Provider	Span DOS Y/N	Valid Frequency	Care Plan limitation	Fund Source	EVV Mandate	Effective Date
SRVS BILLED BY ALLIED Community Resources - PROV.TYPE/SPECIALTY 51/504									
1301Z	Job Coach, Direct Hire	Per 15 min	Allied	Y*	Per week or per month	Auto-approve	WVR only	Mandated	
1303Z	Life Skills Coach, Direct Hire	Per 15 min	Allied	Y*	Per week or per month	Auto-approve	WVR only	Mandated	
1397Z**	Assistive Technology	\$s	Allied	N	Per date span	Auto-approve	WVR only	N/A	
1405Z	Respite, Direct Hire - Indiv, Out of Home	Per 15 min	Allied	Y*	Per week or per month	Auto-approve	WVR only	N/A	
1407Z	Respite, Direct Hire - Indiv Per Diem, Out of Home	Per Day	Allied	Y*	Per week or per month	Auto-approve	WVR only	N/A	
5151C	Respite, Direct Hire - Indiv Per Diem, In Home	Per Day	Allied	Y*	Per week or per month	Auto-approve	WVR only	Mandated	
5151E	Respite, Direct Hire - Indiv, In Home	Per 15 min.	Allied	N	Per week or per month	Auto-approve	WVR only	Mandated	
S0215	Non-Emergency Transportation - "mileage"	Per Mile	Allied	Y*	Per week or per month	Auto-approve	WVR only	N/A	
T1013	Sign Language/oral interpreter	Per 15 min.	Allied	Y*	Per week or per month	Auto-approve	WVR only	N/A	
T2003	Non-Emergency Transportation encounter/trip	encounter/trip	Allied	Y*	Per week or per month	Auto-approve	WVR only	N/A	
T2025	Waiver Services, NOS (Indiv goods and services)	limit \$1,000 per year	Allied	N	Per date span	Auto-approve	WVR only	N/A	
1395Z	Community Mentor - Direct Hire	Per 15 min.	Allied	Y*	Per week or per month	Auto-approve	WVR only	Mandated	
Autism SRVS BILLED BY Autism Waiver SERVICE PROVIDERS - PROV. TYPE/SPEC. 51/503									
1222Z**	Personal Emergency Response Service(PERS) Installation	1 Per Year	Autism Service Provider	N	Per Year	Auto-approve	WVR only	N/A	
1223Z**	Personal Emergency Response Service - Two-Way (Ongoing Services)	1 Per Month	Autism Service Provider	N	Per Calendar Month	Auto-approve	WVR only	N/A	
1302Z	Job Coach, Agency	Per 15 min.	Autism Service Provider	Y*	Per week or per month	Auto-approve	WVR only	Mandated	
1304Z***	Life Skills Coach, Agency	Per 15 min.	Autism Service Provider	Y*	Per week or per month	Auto-approve	WVR only	Optional	
1305Z	Social Skills - Group	Per 15 min.	Autism Service Provider	Y*	Per week or per month	Auto-approve	WVR only	N/A	

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1306Z	Specialized Driving Assessment	\$s	Autism Service Provider	N	Per date span	Auto-approve	WVR only	N/A	
1397Z	Assistive Technology	\$s	Autism Service Provider	N	Per date span	Auto-approve	WVR only	N/A	
1402Z	Respite, Facility Based/Out of Home, Per Diem	1 per day	Autism Service Provider	Y*	Per week or per month	Auto-approve	WVR only	N/A	
1404Z	Respite, Agency, Indiv In Home	Per 15 min.	Autism Service Provider	Y*	Per week or per month	Auto-approve	WVR only	Mandated	
1406Z	Respite, Agency, Indiv Out of Home	Per 15 min.	Autism Service Provider	Y*	Per week or per month	Auto-approve	WVR only	N/A	
5151D	Respite, Agency, Indiv in Home, Per Diem	1 per day	Autism Service Provider	Y*	Per week or per month	Auto-approve	WVR only	N/A	
H2019***	Therapy, Behavior Srv.	Per 15 min.	Autism Service Provider	Y*	Per week or per month	Auto-approve	WVR only	Optional	
S0215	Non-Emergency Transportation mileage	Per mile	Autism Service Provider	N	Per week or per month	Auto-approve	WVR only	N/A	
S9470	Nutritional Counseling, Dietitian Visit	per 15 min. limited to 4 units per week & 25 hr per year maximum	Autism Service Provider	N	Per week or per month	PA required from Autism Waiver Case Manager/Case Management Supervisor	WVR only	N/A	effective 1/1/2023
T1013	Sign Language/oral interpreter	Per 15 min.	Autism Service Provider	Y*	Per week or per month	Auto-approve	WVR only	N/A	
T2003	Non-Emergency Transportation encounter/trip	Per encounter/trip	Autism Service Provider	N	Per week or per month	Auto-approve	WVR only	N/A	
T2025	Waiver, NOS (indiv. goods and services)	limit - \$1,000 per year.	Autism Service Provider	N	Per date span	Auto-approve	WVR only	N/A	

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Proc. Code	Description	Unit Increment	Billing Provider	Span DOS Y/N	Valid Frequency	Care Plan limitation	Fund Source	EVV Mandate	Effective Date
1396Z	Community Mentor, Agency	Per 15 min.	Autism Service Provider	Y*	Per week or per month	Auto-approve	WVR only	Mandated	

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Proc. Code	Description	Unit Increment	Billing Provider	Span DOS Y/N	Valid Frequency	Care Plan limitation	Fund Source	EVV Mandate	Effective Date
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 approve service limited to 12 units per day	MCD ONLY	N/A	Effective 5/1/2022
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 approve service limited to 32 units per day	MCD ONLY	N/A	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 visits = 1 HR	MCD ONLY	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 visits = 1 hr.	MCD ONLY	N/A	Service Effective Date Pending
COMMUNITY LIVING IN PLACE, ADVANCED BETTER LIVING FOR ELDER (CAPABLE) PROVIDER TYPE/SPEC - 05/050, 87/171, 17/171									
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 visits = 1 hr.	MCD only	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 visits = 1 hr.	MCD only	N/A	Service Effective Date Pending
1417Z	Environmental Accessibility Adaptations (Capable Certificate Required)	\$\$s Authorized	HHA, Group or Indiv OT or FI (For Handy Worker Srvs)	N	\$\$s Authorized	PA Required for 1-2 Visits for Home Repairs or Minor Home Modifications up to \$2,000	MCD only	N/A	Service Effective Date Pending

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Proc. Code	Description	Unit Increment	Billing Provider	Span DOS Y/N	Valid Frequency	Care Plan limitation	Fund Source	EVV Mandate	Effective Date
1397Z	Assistive Technologies	\$s Authorized	HHA, Group or Individ OT Provider	N	\$s Authorized Cost Limit Determined by PA	Maximum \$2,000 per calendar year	MCD only	N/A	Service Effective Date Pending

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CFC SRVS BILLED BY CFC FI - 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 N/A dollars authorized.	Auto-approve	MCD	Optional	
	Personal Care Services: Overnight 1020Z 1020Z TT 1020Z U2 1020Z TT U2	\$\$	CFC FI/PCA Service Provider only		Frequency N/A dollars authorized.	Auto-approve	MCD	Mandated	
	Single Meal (hot) 1218Z 1218Z U2	\$\$	CFC FI/PCA Service Provider only		Frequency N/A dollars authorized.	Auto-approve	MCD	N/A	
	Double Meal (One Hot - One Cold) 1220Z 1220Z U2	\$\$	CFC FI/PCA Service Provider only		Frequency N/A dollars authorized.	Auto-approve	MCD	N/A	
	Kosher Meals Double 1221Z 1221Z U2	\$\$	CFC FI/PCA Service Provider only		Frequency N/A dollars authorized.	Auto-approve	MCD	N/A	
	Home Delivered Prepared Meals - Single Meal (Shelf Stable) S5170	\$\$	CFC FI/PCA Service Provider Only		Frequency N/A dollars authorized	Auto-approve	MCD	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 N/A dollars authorized	Auto-approve	MCD	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 N/A dollars authorized.	Auto-approve	MCD	N/A	
	PCA Individual Per Diem (Prorated Hourly) 1227Z, 1227Z TT 1227Z U2, 1227Z TT U2	\$\$	CFC FI/PCA Service Provider only		Frequency N/A dollars authorized.	Auto-approve	MCD	Optional	
	PCA Services 1520P, 1520P TT 1520P U2, 1520P TT U2	\$\$	CFC FI/PCA Srvc Prv only		Frequency N/A dollars authorized.	Auto-approve	MCD	Mandated	

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Proc. Code	Description	Unit Increment	Billing Provider	Span DOS Y/N	Valid Frequency	Care Plan limitation	Fund Source	EVV Mandate	Effective Date
	Workers Compensation Coverage 1525P	\$\$	CFC FI/PCA Service Provider only		Frequency N/A dollars authorized.	Auto-approve	MCD	N/A	
	Personal Emergency Response System (Installation) 1556P 1556P TT	\$\$	CFC FI/PCA Service Provider only		Frequency N/A dollars authorized.	Auto-approve	MCD	N/A	
	Support and Planning Coach, Individual 2042Z, 2042Z TT 2042Z U2, 2042Z TT U2	\$\$	CFC FI/PCA Service Provider only		Frequency N/A dollars authorized.	Auto-approve	MCD	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	MCD	OPTIONAL	END DATE 04302022
	PCA Individual Overnight Prorated Hourly 3020Z, 3020Z TT 3020Z U2, 3020Z TT U2	\$\$	CFC FI/PCA Service Provider only		Frequency N/A dollars authorized.	Auto-approve	MCD	Mandated	
	Physical Therapy Coach G0151, G0151 TT G0151 U2, G0151 TT U2	\$\$	CFC FI/PCA Service Provider only		Frequency N/A dollars authorized.	Auto-approve	MCD	Optional	
	Occupational Therapy Coach G0152, G0152 TT G0152 U2, G0152 TT U2	\$\$	CFC FI/PCA Service Provider only		Frequency N/A dollars authorized.	Auto-approve	MCD	Optional	
	Speech Language Therapy Coach G0153, G0153 TT G0153 U2, G0153 TT U2	\$\$	CFC FI/PCA Service Provider only		Frequency N/A dollars authorized.	Auto-approve	MCD	Optional	
	Skilled services LPN/RN (Training/education) G0164, G0164 TT, G0164 U2, G0164 TT U2	\$\$	CFC FI/PCA Service Provider only		Frequency N/A dollars authorized.	Auto-approve	MCD	Optional	END DATE 12/31/16
	HOME CARE TRAINING TO HOME CARE CLIENT, PER 15 MIN S5108	\$\$	CFC FI/PCA Service Provider only		Frequency N/A dollars authorized.	Auto-approve	MCD	Optional	EFFECTIVE 1/1/2017

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HOME HEALTH SRVS BILLED BY HOME HEALTH AGENCIES PROV.TYPE/SPEC 05/050									
H0033	Oral medication administration, direct observation	1 per visit	HOME HEALTH AGENCY ONLY	N	Per date span	PA Required from first visit	MCD only	Mandated	
444****	Speech Pathology Evaluation for Start (SOC)/Resumption of Care (ROC)	Per visit	HOME HEALTH AGENCY ONLY	N	Per date span	Auto-approve	MCD only	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD EFFECTIVE 4/12/2020 - 5/11/2023 MANDATED	
G0153****	Review of Care Plan by qualified speech-language pathologist in the home health setting	Per 15 min.	HOME HEALTH AGENCY ONLY	N	Per date span	Maximum of 6 units every 60 days per member	MCD only	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD EFFECTIVE 4/12/2020 - 5/11/2023 MANDATED	
441****	Speech therapy, in the home, per diem	1 per day	HOME HEALTH AGENCY ONLY	N	Per week or per 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	MCD only	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD EFFECTIVE 3/26/2020 - 5/11/2023 MANDATED	
434****	Occupational Therapy Evaluation (Start (SOC)/Resumption of Care (ROC))	1 per visit	HOME HEALTH AGENCY ONLY	N	Per date span	Auto-approve	MCD only	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD EFFECTIVE 4/12/2020 - 5/11/2023 MANDATED	

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G0152*** *	Review of Care Plan by qualified occupational therapist in the home health setting	Per 15 min.	HOME HEALTH AGENCY ONLY	N	Per date span	Maximum of 6 units every 60 days per member	MCD only	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD EFFECTIVE 4/12/2020 - 5/11/2023 MANDATED	
431****	Occupational therapy, in the home, per diem	1 per day	HOME HEALTH AGENCY ONLY	N	Per week or per 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	MCD only	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD EFFECTIVE 3/26/2020 - 5/11/2023 MANDATED	
424****	Physical therapy evaluation for Start (SOC)/Resumption of Care (ROC)	1 per visit	HOME HEALTH AGENCY ONLY	N	Per date span	Auto-approve	MCD only	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD EFFECTIVE 4/12/2020 - 5/11/2023 MANDATED	
G0151****	Review of Care Plan by qualified physical therapist in the home	per 15 min.	HOME HEALTH AGENCY ONLY	N	Per date span	Maximum of 6 units every 60 days per member	MCD only	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD 4/12/2020-05/11/2023 MANDATED	
421****	Physical therapy, in the home, per diem (eval or visit)	1 per day	HOME HEALTH AGENCY ONLY	N	Per week or per 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	MCD only	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD EFFECTIVE 3/26/2020 - 5/11/2023 MANDATED	

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T1001	Nursing Assessment/Evaluation	1 per eval	HOME HEALTH AGENCY ONLY	N	Per date span	PA required > 1 per year per client/provider	MCD only	Mandated	
36	Nursing Assessment/Evaluation T1001, T1001 TT	1 per eval	HOME HEALTH AGENCY ONLY	N	Per date span	PA required > 1 per year per client/provider	MCD only	Mandated	
G0162	Nursing Management and Evaluation of the Plan of Care	Per 15 min.	HOME HEALTH AGENCY ONLY	N	Per date span	Within 60 days of completion of SOC/ROC and within every 60 days thereafter	MCD only	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD EFFECTIVE 4/12/2020 - 5/11/2023 MANDATED	
39	Nursing Management and Evaluation of the Plan of Care G0162 G0162 TT	Per 15 min.	HOME HEALTH AGENCY ONLY	N	Per date span	Within 60 days of completion of SOC/ROC and within every 60 days thereafter	MCD only	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD EFFECTIVE 4/12/2020 - 5/11/2023 MANDATED	
40	Nursing Management and Evaluation of the Plan of Care G0162 U2 G0162 U2 TT	Per 15 min.	HOME HEALTH AGENCY ONLY	N	Per date span	Within 60 days of completion of SOC/ROC and within every 60 days thereafter	MCD only	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD EFFECTIVE 4/12/2020 - 5/11/2023 MANDATED	
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 per month	Auto-approve	MCD only	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD EFFECTIVE 4/12/2020 - 5/11/2023 MANDATED	

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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 per month	Auto-approve	MCD only	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD EFFECTIVE 4/12/2020 - 5/11/2023 MANDATED	
T1004	Services of a qualified nursing aide, up to 15 minutes	Per 15 min	HOME HEALTH AGENCY ONLY	N	Per week or per month	In excess of 56 per week or 248 per month any T1004, &/or NA or NN	MCD only	Mandated	
NA	Srvcs, qualified nursing aid, up to 15 minutes T1004 T1004 TT	Per 15 min	HOME HEALTH AGENCY ONLY	N	Per week or per month	In excess of 56 per week or 248 per month any T1004, &/or NA or NN	MCD only	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 per month	In excess of 56 per week or 248 per month any T1004, &/or NA or NN	MCD only	Mandated	
T1021	MED TECH (Home Health Aide or Certified Nurse Assistant)	1 per visit	HOME HEALTH AGENCY ONLY	N	Per week or per month	PA Required from first visit	MCD only	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 per month	PA Required from first visit	MCD only	Mandated	
MU	MED TECH (Home Health Aide or Certified Nurse Assistant) T1021 U2 T1021 U2 TT	1 per visit	HOME HEALTH AGENCY ONLY	N	Per week or per month	PA Required from first visit	MCD only	Mandated	

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SN	SKILLED NURSING S9123, S9123 95, S9123 GT S9123 TT, S9123 TT 95, S9123 TT GT S9124, S9124 95, S9124 GT S9124 TT, S9124 TT 95, S9124 TT GT	1 per visit	HOME HEALTH AGENCY ONLY	N	Per date span	DUE TO THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD EFFECTIVE 4/1/2020 - 5/20/2021 THE PA THRESHOLD INCREASED TO IN EXCESS OF 5 PER WEEK OF ANY COMBINATION OF SN, SS, MA AND MM	MCD only	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD EFFECTIVE 4/12/2020 - 5/11/2023 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 PUBLIC HEALTH EMERGENCY PERIOD EFFECTIVE 4/1/2020 - 5/20/2021 THE PA THRESHOLD INCREASED TO IN EXCESS OF 5 PER WEEK OF ANY COMBINATION OF SN, SS, MA AND MM	MCD only	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD EFFECTIVE 4/12/2020 - 5/11/2023 MANDATED	
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 PUBLIC HEALTH EMERGENCY PERIOD EFFECTIVE 4/1/2020 - 5/20/2021 THE PA THRESHOLD INCREASED TO IN EXCESS OF 5 PER WEEK OF ANY COMBINATION OF SN, SS, MA AND MM	MCD only	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD EFFECTIVE 4/12/2020 - 5/11/2023 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 PUBLIC HEALTH EMERGENCY PERIOD EFFECTIVE 4/1/2020 - 5/20/2021 THE PA THRESHOLD INCREASED TO IN EXCESS OF 5 PER WEEK OF ANY COMBINATION OF SN, SS, MA AND MM	MCD only	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD EFFECTIVE 4/12/2020 - 5/11/2023 MANDATED	TELEHEALTH SERVICE (MODIFIERS 95 OR GT) NOT ALLOWED FOR DATES OF SERVICE ON OR AFTER 5/12/2023.
29	Oral medication admin., direct observation H0033 H0033 TT	1 per visit	HOME HEALTH AGENCY ONLY	N	Per Date Span	PA Required from first visit	MCD only	Mandated	

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FOR NON-MEDICAL SERVICES:									
* Spanned dates of service cannot span multiple line details on care plan or exceed the frequency (weekly or monthly) of services on the care plan									
** These codes cannot be authorized with a U2 modifier.									
*** Life Skills Coach, Agency (1304Z) and Therapy, Behavior Services (H2019) are permitted to be serviced via Telehealth effective March 16, 2020 - November 11, 2023.									
**** TeleMedicine Services only are allowed for the following services, during the COVID Public Health Emergency Period. Effective March 26, 2020 - May 12, 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 Occupational Therapy, Physical Therapy and Speech Language Pathology. NOTE: Home Health Services provided via Telemedicine require a 95 (member located in home) or GT (member's originating site located in a healthcare facility or office) modifier.									
NOTE: Codes and Code lists effective start of program (1/1/2018) on portal unless otherwise indicated.									