	Auci	Sm walver							
Proc.		Unit	Billing	Span	Valid	Care Plan	Fund		Effective
Code	Description	Increment	Provider		Frequency	limitation	Source	EVV Mandate	Date
	SRVS BILL	ED BY ALLIED	Community	Resourc	es - PROV.TY	PE/SPECIALTY	51/504		
					Per week or				
1301Z	Job Coach, Direct Hire	Per 15 min	Allied	Y*	per month	Auto-approve	WVR onl	yMandated	
					Per week or				
1303Z	Life Skills Coach, Direct Hire	Per 15 min	Allied	Υ*	per month	Auto-approve	WVR onl	yMandated	
13077**	Assistive Technology	\$s	Allied	N	Per date span	Auto-approsso	WVR onlv	N/A	
13972	31	75	ATTIEU	IN	-	Auto-appiove		N/A	
1405Z	Respite, Direct Hire - Indiv, Out of Home	Per 15 min	Allied	γ*	Per week or per month	Auto approve	WVR onlv	N/A	
14032		Per 13 min	ATTIEU	1."	1	Auto-approve		N/A	
1407Z	Respite, Direct Hire - Indiv Per Diem, Out of Home	Dam Dan	Allied	γ*	Per week or per month	7	WVR onlv	N/A	
14072		Per Day	Allied	1 ^	<u> </u>	Auto-approve		N/A	
F1 F1 G	Respite, Direct Hire - Indiv	David David	2224-4	γ*	Per week or	7	WVR	26	
5151C	Per Diem, In Home	Per Day	Allied	Υ ^	per month	Auto-approve	only	Mandated	
F1 F1 B	Respite, Direct Hire - Indiv,	D 15	Allied	3.7	Per week or	7	WVR	26	
5151E	In Home	Per 15 min.	Allied	N	per month	Auto-approve	only	Mandated	
	Non-Emergency Transportation -				Per week or		WVR	/-	
S0215	"mileage"	Per Mile	Allied	Υ*	per month	Auto-approve	only	N/A	
					Per week or		WVR		
T1013	Sign Language/oral interpreter	Per 15 min.	Allied	Υ*	per month	Auto-approve	only	N/A	
	Non-Emergency Transportation	encounter/			Per week or		WVR		
T2003	encounter/trip	trip	Allied	Υ*	per month	Auto-approve	only	N/A	
	Waiver Services, NOS (Indiv	limit \$1,000					WVR		
T2025	goods and services)	per year	Allied	N	Per date span	Auto-approve	only	N/A	
					Per week or		WVR		
1395Z	Community Mentor - Direct Hire	Per 15 min.	Allied	Y*	per month	Auto-approve	only	Mandated	
	Autism SRVS B	LLED BY Auti	sm Waiver	SERVICE	PROVIDERS -	PROV. TYPE/SE	PEC. 51/	′ 503	
			Autism						
	Personal Emergency Response		Service				WVR		
12222**	Service (PERS) Installation	1 Per Year	Provider	N	Per Year	Auto-approve	only	N/A	
	,							,	
	Personal Emergency Response		Autism Service		Per Calendar		WVR		
12237**	Service - Two-Way (Ongoing Services)	1 Per Month	Provider	N	Month	Auto-approve	only	N/A	
12234	Services)	I Tel Montin		IN	HOHEH	Auto appiove	Olling	N/ A	
			Autism						
1 2 2 2 7		D 15 '	Service	**	Per week or		WVR	26 2 1	
1302Z	Job Coach, Agency	Per 15 min.	Provider	Υ*	per month	Auto-approve	only	Mandated	
			Autism						
			Service		Per week or		WVR		
1304Z***	Life Skills Coach, Agency	Per 15 min.	Provider	Υ*	per month	Auto-approve	only	Optional	
			Autism				1		
			Service		Per week or		WVR		
1305Z	Social Skills - Group	Per 15 min.	Provider	Υ*	per month	Auto-approve	only	N/A	
			<u> </u>						

Proc.		Unit	Billing	Span	Valid	Care Plan	Fund		Effective
Code	Description	Increment	Provider	-	Frequency	limitation	Source	EVV Mandate	Date
	-		Autism		1 1				
			Service				WVR		
1306Z	Specialized Driving Assessment	\$s	Provider	N	Per date span	Auto-approve	only	N/A	
	3 2222							,	
			Autism Service				WVR		
1397Z	Assistive Technology	\$s	Provider	N	Per date span	Auto-approve	only	N/A	
100,12	needed teemedeg;	10			Tor date span	naco appioto	01121	11/ 11	
	Parity Barility Parity (Out of		Autism Service		Per week or		WVR		
1402Z	Respite, Facility Based/Out of Home, Per Diem	1 per day	Provider	Y*	per week or	Auto-approve	only	N/A	
14022	Home, let blem	i per day		_	per monen	naco appiove	Olling	14/ 21	
			Autism		_				
1404Z	Donite America India In Home	Dan 15 min	Service Provider	Y*	Per week or per month	7	WVR	Mandated	
14042	Respite, Agency, Indiv In Home	Per 15 min.	Provider	1 ^	per month	Auto-approve	only	Mandated	
			Autism						
	Respite, Agency, Indiv Out of		Service		Per week or		WVR	/-	
1406Z	Home	Per 15 min.	Provider	Y*	per month	Auto-approve	only	N/A	
			Autism						
	Respite, Agency, Indiv in		Service		Per week or		WVR		
5151D	Home, Per Diem	1 per day	Provider	Υ*	per month	Auto-approve	only	N/A	
			Autism						
			Service		Per week or		WVR		
H2019***	Therapy, Behavior Srv.	Per 15 min.	Provider	Υ*	per month	Auto-approve	only	Optional	
			Autism						
	Non-Emergency Transportation		Service		Per week or		WVR	/-	
S0215	mileage	Per mile	Provider	N	per month	Auto-approve	only	N/A	
		per 15 min.				PA required			
		limited to 4				from Autism			
		units per				Waiver Case			
		week & 25 hr	Autism			Manager/Case			
00470	Nutritional Counseling,	per year	Service		Per week or	Management	WVR	27 / 7	effective
S9470	Dietitian Visit	maximum	Provider	N	per month	Supervisor	only	N/A	1/1/2023
			Autism						
	,		Service		Per week or		WVR		
T1013	Sign Language/oral interpreter	Per 15 min.	Provider	Y*	per month	Auto-approve	only	N/A	
		Per	Autism						
	Non-Emergency Transportation	encounter/	Service		Per week or		WVR		
T2003	encounter/trip	trip	Provider	N	per month	Auto-approve	only	N/A	
		limit -	Autism						
	Waiver, NOS (indiv. goods and	\$1,000 per	Service				WVR		
T2025	services)	year.	Provider	N	Per date span	Auto-approve	only	N/A	

Proc. Code	Description	Unit Increment	_	- 1			Fund Source		Effective Date
			Autism Service		Per week or		WVR		
1396Z	Community Mentor, Agency	Per 15 min.	Provider	Υ*	per month	Auto-approve	only	Mandated	

ъ	1	1	In the second				1		Effective
Proc. Code	Description	Unit Increment	Billing Provider	Span	Valid Frequency	Care Plan	Fund Source	EVV Mandate	Date
code	Descripcion	THETEMENE	riovidei	DOS 1/N	rrequency	TIMICACION	Source	EVV Mandate	Date
	CFC SUPPORT A	ND PLANNING CO	ACH SERVICES	RILLED BA	CFC S&P COACH -	PROVIDER TYPE/SI	PEC 50/50	6	
	2043Z - Support & Planning					Auto approve			
	Coach, Agency per 15 min		CFC S&P			service			
	(Inclusive of H2014 when Proc		Coach		Frequency N/A	limited to 12	MCD		Effective
44	Mod List 44 authorized)	\$S	Provider	Υ*	\$S authorized	units per day	ONLY	N/A	5/1/2022
	H2014 - Skills Training &					Auto approve			
	Development per 15		CFC S&P			service			
	min(Inclusive of 2043Z when		Coach		Frequency N/A	limited to 32	MCD		Effective
44	Proc Mod List 44 authorized)	\$S	Provider	Y *	\$S authorized	units per day	ONLY	N/A	5/1/2022
	CARE OF	PERSONS WITH D	EMENTIA (COP	E) - PROVI	DER TYPE/SPEC - 0	5/050, 87/171, 17,	/171	1	
					-	T			
			HHA,			First visit = 2 hrs.			Service
	Home Come Empirica has DN		Group or Indiv OT		2 174 04 5 5 5 5	Z nrs. Remaining	MCD		Effective
S0274	Home Care Training by RN (COPE Certificate Required)	Per 15 min	Provider	N	3 Visits per calendar year	visits = 1 HR		N/A	Date Pending
30274	(COFE Certificate Required)	rer 13 min	riovidei	14	Calendal year	VISICS - I HK	ONLI	N/A	renaing
						First visit =			
			HHA,			2 hrs.			Service
			Group or			Remaining			Effective
	Home Care Training by OT		Indiv OT		10 Visits per	visits = 1	MCD		Date
S5108	(COPE Certificate Required)	Per 15 min	Provider	N	calendar year	hr.	ONLY	N/A	Pending
	COMMUNITY LIVING IN PLA	CE, ADVANCED B	ETTER LIVING F	OR ELDERS	S (CAPABLE) PROV	IDER TYPE/SPEC - (05/050, 87	7/171, 17/171	
						First visit =			
			HHA, Group or Indiv			2 hrs.			Service
	Care Coordination by RN		OT		4 Visits per	Remaining visits = 1	MCD		Effective Date
G9002	(CAPABLE Certificate Required)	Der 15 min	Provider	N	calendar year	hr.	only	N/A	Pending
03002	(CHIMBED CETETITEAGE REQUITED)	TCI 13 MIII	TIOVIGET	14	carchaar year		OIIIy	11/ 11	rename
						First visit =			
			HHA, Group			2 hrs.			
			or Indiv			Remaining			Service
	Care Coordination by OT		OT		6 Visits per	visits = 1	MCD	1 ,	Effective Date
G9006	(CAPABLE Certificate Required)	Per 15 min	Provider	N	calendar year	hr.	only	N/A	Pending
						PA Required			
			HHA, Group			for 1-2			
			or Indiv OT or FI			Visits for			
	Environmental Accessibility		(For Handy			Home Repairs or Minor Home			Service
	Adaptations (Capable		Worker			Modifications	MCD		Effective Date
1417Z	Certificate Required)	\$s Authorized		N	\$s Authorized	up to \$2,000	only	N/A	Pending
111/U	octofficate negatica,	TO MUCHOLIZED	0 + v 0 /		75 Macmorized	up 00 92,000	O11 T A	14/17	. Criding

Proc Code		Unit Increment		- I -		Fund Source	Effective Date
1397	Z Assistive Technologies	\$s Authorized	HHA, Group or Indiv OT Provider		Determined by	 MCD only	Service Effective Date Pending

c.		Unit	Billing	Span	Valid	Care Plan	Fund		Effective
.e	Description	Increment	Provider	DOS Y/N	Frequency	limitation	Source	EVV Mandate	Date
		CFC SRVS	BILLED BY	CFC FI	- PROVIDER TY	PE/SPEC 50/50)1		
	Personal Care Services: Per Diem 1019Z	\$\$	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	\$S	CFC FI/PCA Service Provider only		Frequency N/A dollars authorized.	Auto-approve	MCD	Mandated	
	Single Meal (hot) 1218Z 1218Z U2	\$8	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	\$5	CFC FI/PCA Service Provider only		Frequency N/A dollars authorized.	Auto-approve	MCD	N/A	
	Kosher Meals Double 1221Z 1221Z U2	\$8	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	\$8	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	\$8	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	\$8	CFC FI/PCA Srvc Prv only		Frequency N/A dollars authorized.	Auto-approve	MCD	Mandated	

	Unit	Billing	Span	Valid	Care Plan	Fund		Effective
Description	Increment	Provider	DOS Y/N	Frequency	limitation	Source	EVV Mandate	Date
Workers Compensation Coverage 1525P	\$8	CFC FI/PCA Service Provider only		Frequency N/A dollars authorized.	Auto-approve	MCD	N/A	
Personal Emergency Response System (Installation) 1556P 1556P TT	\$8	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	\$8	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	\$8	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	\$8	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	\$8	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	\$S	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	\$8	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	\$8	CFC FI/PCA Service Provider only		Frequency N/A dollars authorized.	Auto-approve	MCD	Optional	EFFECTIVE 1/1/2017

Description						IR 0/12/202	1		D.C.C. and James
Proc. Code	Description	Unit Increment	Billing Provider	Span	Valid Frequency	Care Plan limitation	Fund Source	EVV Mandate	Effective Date
code	-							EVV Mandace	Date
	HOME HEAD	TH SKAS BITT	ED BY HOME	HEALTH	AGENCIES PRO	V.TYPE/SPEC 0	5/050	1	
н0033	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	И	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	И	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	и	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	

Proc.		Unit	Billing	Span	Valid	Care Plan	Fund		Effective
Code	Description	Increment	Provider	-	Frequency	limitation	Source	EVV Mandate	Date
								EVV TEMPORARILY	
								SUSPENDED FOR	
								TELEHEALTH SERVICES	
								DURING THE COVID-19	
								PUBLIC HEALTH	
	Review of Care Plan by		HOME			Maximum of 6		EMERGENCY PERIOD	
	qualified occupational		HEALTH			units every		EFFECTIVE 4/12/2020 -	
G0152***	therapist in the home health		AGENCY		_ , .	60 days per	MCD	5/11/2023	
*	setting	Per 15 min.	ONLY	N	Per date span	member	only	MANDATED	
						DUE TO THE COVID-		EVA/ TENADODADUV	
						19 PUBLIC HEALTH		EVV TEMPORARILY	
						EMERGENCY PERIOD EFFECTIVE 4/1/2020 -		SUSPENDED FOR TELEHEALTH SERVICES	
						5/20/2021 THE PA		DURING THE COVID-19	
						THRESHOLD		PUBLIC HEALTH	
			HOME			INCREASED TO IN		EMERGENCY PERIOD	
			HEALTH			EXCESS OF THE		EFFECTIVE 3/26/2020 -	
	Occupational therapy, in the		AGENCY		Per week or	INITIAL EVAL AND 2	MCD	5/11/2023	
431****	home, per diem	1 per day	ONLY	N	per month	OT VISITS PER WEEK	only	MANDATED	
	-				-		- -	EVV TEMPORARILY	
								SUSPENDED FOR	
								TELEHEALTH SERVICES	
								DURING THE COVID-19	
								PUBLIC HEALTH	
			HOME					EMERGENCY PERIOD	
	Physical therapy evaluation		HEALTH					EFFECTIVE 4/12/2020 -	
	for Start(SOC)/Resumption of		AGENCY		_ , .		MCD	5/11/2023	
424***	Care (ROC)	1 per visit	ONLY	N	Per date span	Auto-approve	only	MANDATED	
								EVV TEMPORARILY	
								SUSPENDED FOR	
								TELEHEALTH SERVICES	
								DURING THE COVID-19	
			HOME			Maximum of 6		PUBLIC HEALTH	
	Review of Care Plan by		HEALTH			units every		EMERGENCY PERIOD	
	qualified physical therapist		AGENCY			60 days per	MCD	4/12/2020-05/11/2023	
G0151****	in the home	per 15 min.	ONLY	N	Per date span	member	only	MANDATED	
						DUE TO THE COVID-		EVV TEMPORARILY	
						19 PUBLIC HEALTH		SUSPENDED FOR	
						EMERGENCY PERIOD		TELEHEALTH SERVICES	
						EFFECTIVE 4/1/2020 -		DURING THE COVID-19	
						5/20/2021 THE PA		PUBLIC HEALTH	
			HOME			THRESHOLD		EMERGENCY PERIOD	
			HEALTH			INCREASED TO IN		EFFECTIVE 3/26/2020 -	
401 # 4 4 4 4	Physical therapy, in the home,	1	AGENCY	3.7	Per week or	EXCESS OF THE	MCD	5/11/2023	
421****	per diem (eval or visit)	1 per day	ONLY	N	per month	INITIAL EVAL AND 4	only	MANDATED	

Proc.		Unit	Billing	Span	Valid	Care Plan	Fund		Effective
Code	Description	Increment	Provider		Frequency	limitation	Source	EVV Mandate	Date
			HOME			PA required >			
			HEALTH			1 per year			
			AGENCY			per client/	MCD		
T1001	Nursing Assessment/Evaluation	1 per eval	ONLY	N	Per date span	provider	only	Mandated	
			HOME			PA required >			
	Nursing Assessment/Evaluation		HEALTH			1 per year			
2.0	T1001,	1	AGENCY	3.7	Dan data ana	per client/ provider	MCD	26	
36	T1001 TT	1 per eval	ONLY	N	Per date span	provider	only	Mandated EVV TEMPORARILY	
								SUSPENDED FOR	
						Within 60		TELEHEALTH SERVICES	
						days of		DURING THE COVID-19	
						completion of		PUBLIC HEALTH	
			HOME			SOC/ROC and		EMERGENCY PERIOD	
			HEALTH			within every		EFFECTIVE 4/12/2020 -	
	Nursing Management and		AGENCY			60 days	MCD	5/11/2023	
G0162	Evaluation of the Plan of Care	Per 15 min.	ONLY	N	Per date span	thereafter	only	MANDATED	
								EVV TEMPORARILY	
								SUSPENDED FOR TELEHEALTH SERVICES	
						Within 60		DURING THE COVID-19	
						days of completion of		PUBLIC HEALTH	
	Nursing Management and		HOME			SOC/ROC and		EMERGENCY PERIOD	
	Evaluation of the Plan of Care		HEALTH			within every		EFFECTIVE 4/12/2020 -	
	G0162		AGENCY			60 days	MCD	5/11/2023	
39	G0162 TT	Per 15 min.	ONLY	N	Per date span	thereafter	only	MANDATED	
								EVV TEMPORARILY	
								SUSPENDED FOR	
						Within 60		TELEHEALTH SERVICES	
						days of		DURING THE COVID-19 PUBLIC HEALTH	
	No. of the Manager and the Alexander		HOME			completion of		EMERGENCY PERIOD	
	Nursing Management and Evaluation of the Plan of Care		HOME HEALTH			SOC/ROC and within every		EFFECTIVE 4/12/2020 -	
	G0162 U2		AGENCY			60 days	MCD	5/11/2023	
40	G0162 U2 TT	Per 15 min.	ONLY	N	Per date span	thereafter	only	MANDATED	
								EVV TEMPORARILY	
								SUSPENDED FOR	
								TELEHEALTH SERVICES	
								DURING THE COVID-19	
							1	PUBLIC HEALTH	
	77		HOME				1	EMERGENCY PERIOD	
	RN services, up to 15 minutes (Must be billed in conjunction		HEALTH AGENCY		Per week or		MCD	EFFECTIVE 4/12/2020 - 5/11/2023	
T1002	with S9123)	Per 15 min	ONLY	N	per week or	Auto-approve	only	MANDATED	
11002	WICH 03123/	101 10 11111	A1111	T.4	PCT MOHEN	TIGGO GPPIOVE	O11 ± ¾		

Proc.		Unit	Billing	Span	Valid	Care Plan	Fund		Effective
Code	Description	Increment	Provider	DOS Y/N	Frequency	limitation	Source	EVV Mandate	Date
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 aid, 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 Certifiied 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 Certifiied 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 Certifiied 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	

-	Auti		FIOCEGU						D.C.C.
Proc.	Decerintion	Unit	Billing	Span	Valid	Care Plan	Fund	EVV Mandata	Effective
Code	Description	Increment	Provider	DOS Y/N	Frequency	limitation	Source	EVV Mandate	Date
						DUE TO THE COVID-19			
			1			PUBLIC HEALTH		EVA/ TENADODADUV	TELEUEALTI
						EMERGENCY PERIOD		EVV TEMPORARILY	TELEHEALTH
						EFFECTIVE 4/1/2020 -		SUSPENDED FOR	SERVICE
						5/20/2021 THE PA		TELEHEALTH SERVICES	(MODIFIERS 95
	SIGNLED ANUBCING					THRESHOLD		DURING THE COVID-19	OR GT) NOT
	SKILLED NURSING					INCREASED TO IN		PUBLIC HEALTH	ALLOWED FOR
	S9123, S9123 95, S9123 GT		HOME			EXCESS OF 5 PER		EMERGENCY PERIOD	DATES OF
	S9123 TT, S9123 TT 95, S9123 TT GT		HEALTH			WEEK OF ANY		EFFECTIVE 4/12/2020 -	SERVICE ON OR
	S9124, S9124 95, S9124 GT	1 1 1	AGENCY			COMBINATION OF SN,		5/11/2023	AFTER
SN	S9124 TT, S9124 TT 95, S9124 TT GT	1 per visit	ONLY	N	Per date span	SS, MA AND MM	only	MANDATED	5/12/2023.
						DUE TO THE COVID-19			
						PUBLIC HEALTH		5\0\7544BQB4BUV	
						EMERGENCY PERIOD		EVV TEMPORARILY	
						EFFECTIVE 4/1/2020 -		SUSPENDED FOR	
						5/20/2021 THE PA		TELEHEALTH SERVICES	
	MEDICATION ADMINISTRATION					THRESHOLD		DURING THE COVID-19	
	MEDICATION ADMINISTRATION					INCREASED TO IN		PUBLIC HEALTH	
	T1502, T1502 95, T1502 GT		HOME			EXCESS OF 5 PER		EMERGENCY PERIOD	
	T1502 TT, T1502 TT 95, T1502 TT GT		HEALTH			WEEK OF ANY		EFFECTIVE 4/12/2020 -	
	T1503, T1503 95, T1503 GT		AGENCY			COMBINATION OF SN,		5/11/2023	
MA	T1503 TT, T1503 TT 95, T1503 TT GT	1 per visit	ONLY	N	Per Date Span	SS, MA AND MM	only	MANDATED	
						DUE TO THE COVID-19			
						PUBLIC HEALTH		5\0\7544BQB4BUV	TELELIE ALTIL
						EMERGENCY PERIOD		EVV TEMPORARILY	TELEHEALTH
						EFFECTIVE 4/1/2020 -		SUSPENDED FOR	SERVICE
						5/20/2021 THE PA		TELEHEALTH SERVICES	(MODIFIERS 95
	SIGNLED ANUBCING					THRESHOLD		DURING THE COVID-19	OR GT) NOT
	SKILLED NURSING					INCREASED TO IN		PUBLIC HEALTH	ALLOWED FOR
	S9123 U2, S9123 U2 95, S9123 U2 GT		HOME			EXCESS OF 5 PER		EMERGENCY PERIOD	DATES OF
	S9123 U2 TT, S9123 U2 TT 95, S9123 U2 TT GT		HEALTH			WEEK OF ANY		EFFECTIVE 4/12/2020 -	SERVICE ON OR
	S9124 U2, S9124 U2 95, S9124 U2 GT		AGENCY			COMBINATION OF SN,		5/11/2023	AFTER
SS	S9124 U2 TT, S9124 U2 TT 95, S9124 U2 TT GT	1 per visit	ONLY	N	Per Date Span	SS, MA AND MM	only	MANDATED	5/12/2023.
						DUE TO THE COVID-19			
						PUBLIC HEALTH		5) 0 / T51 4D05 : 5 ::: /	
						EMERGENCY PERIOD		EVV TEMPORARILY	TELEHEALTH
						EFFECTIVE 4/1/2020 -		SUSPENDED FOR	SERVICE
	MEDICATION ADMINISTRATION (ONE TO T					5/20/2021 THE PA		TELEHEALTH SERVICES	(MODIFIERS 95
	MEDICATION ADMINISTRATION (ONE TIME		1			THRESHOLD		DURING THE COVID-19	OR GT) NOT
	ONLY) T1502		1			INCREASED TO IN		PUBLIC HEALTH	ALLOWED FOR
	U2, T1502 U2 95, T1502 U2 GT		HOME			EXCESS OF 5 PER		EMERGENCY PERIOD	DATES OF
	T1502 U2 TT, T1502 U2 TT 95, T1502 U2 TT GT		HEALTH			WEEK OF ANY		EFFECTIVE 4/12/2020 -	SERVICE ON OR
	T1503 U2, T1503 U2 95, T1503 U2 GT		AGENCY			COMBINATION OF SN,	_	5/11/2023	AFTER
MM	T1503 U2 TT, T1503 U2 TT 95, T1503 U2 TT GT	1 per visit	ONLY	N	Per Date Span	SS, MA AND MM	only	MANDATED	5/12/2023.
	Oral medication admin., direct		HOME						
	observation		HEALTH			PA Required			
	н0033		AGENCY			from first	MCD		
29	H0033 TT	1 per visit	ONLY	N	Per Date Span	visit	only	Mandated	
			I .	<u>i </u>		1		1	I

	Proc.			_	_			Fund		Effective
	Code	Description	Increment	Provider	DOS Y/N	Frequency	limitation	Source	EVV Mandate	Date
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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 (13042) 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.