

CHCPE Procedure Code Crosswalk 05232016

Procedure	Description	Unit Increment	Billing Provider	Span DOS Y/N	Valid Frequency	Care Plan limitation	Funding Source
SERVICES BILLED BY ACCESS AGENCY							
1286Z**	CASE MGMT SERVICES (ACTIVITIES RELATED TO IMPLEMENTATION, COORDINATION & MONITORING PLAN OF CARE)	1 per day	ACCESS Agency only	*Y	Billable by Access Agency only but included in the care plan. Per day		1915i, Medicaid, State Funded, Waiver
1286A**	TIER A CASE MANAGEMENT, 3 OR LESS CARE MANAGEMENT INTERVENTIONS IN A 6 MONTH PERIOD. QUARTERLY CONTACT AND ANNUAL REASSESSMENT	1 per day	ACCESS Agency only	*Y	Billable by Access Agency only but included in the care plan. Per day		1915i, Medicaid, State Funded, Waiver
1286C**	TIER C CASE MANAGEMENT, 7 OR MORE CARE MANAGEMENT INTERVENTIONS IN A 6 MONTH PERIOD. MONTHLY MONITORING, QUARTERLY FIELD VISITS, SIX MONTH VISIT, ANNUAL REASSESSMENT	1 per day	ACCESS Agency only	*Y	Billable by Access Agency only but included in the care plan. Per day		1915i, Medicaid, State Funded, Waiver
SERVICES BILLED BY CHC SERVICE PROVIDER							
1021Z	PERSONAL CARE SERVICES: PER 15 MINUTES, AGENCY	Per 15 min	CHC SERVICE PROV ONLY	*Y	Per week or month		1915i, Medicaid, State Funded, Waiver
1022Z	PERSONAL CARE SERVICES: OVERNIGHT, AGENCY	1 per day	CHC SERVICE PROV ONLY	*Y	Per week or per month		1915i, Medicaid, State Funded, Waiver
3022Z	PCA AGENCY OVERNIGHT CANNOT BE COMPLETED PRORATED HOURLY	11 per day	CHC SERVICE PROV ONLY	N	Per week or per month		1915i, Medicaid, State Funded, Waiver
1023Z	PERSONAL CARE SERVICES: PER DIEM, AGENCY	1 per day	CHC SERVICE PROV ONLY	*Y	Per week or per month		1915i, Medicaid, State Funded, Waiver

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1225Z	PCA AGENCY, PER DIEM,CANNOT BE COMPLETED PRORATED HOURLY	23 per day	CHC SERVICE PROV ONLY	N	Per week or per month		1915i, Medicaid, State Funded, Waiver
3027Z	PERSONAL CARE RESPITE SERVICES: PER 15 MINUTES, AGENCY	Per 15 min	CHC SERVICE PROV ONLY	*Y	Per week or month		1915i, Medicaid, State Funded, Waiver
3026Z	PERSONAL CARE RESPITE SERVICES: OVERNIGHT, AGENCY	1 per day	CHC SERVICE PROV ONLY	*Y	Per week or per month		1915i, Medicaid, State Funded, Waiver
3024Z	PCA RESPITE AGENCY, OVERNIGHT, CANNOT BE COMPLETED, PRORATED HOURLY	11 per day	CHC SERVICE PROV ONLY	N	Per week or per month		1915i, Medicaid, State Funded, Waiver
3028Z	PERSONAL CARE RESPITE SERVICES: PER DIEM, AGENCY	1 per day	CHC SERVICE PROV ONLY	*Y	Per week or per month		1915i, Medicaid, State Funded, Waiver
3025Z	PCA RESPITE AGENCY, PER DIEM, CANNOT BE COMPLETED, PRORATED HOURLY	23 per day	CHC SERVICE PROV ONLY	N	Per week or per month		1915i, Medicaid, State Funded, Waiver
1200Z	ADULT DAY HEALTH - FULL DAY (NON-MEDICAL MODEL PROVIDER)	1 per day	CHC SERVICE PROV ONLY	*Y	Per week or per month		1915i, Medicaid, State Funded, Waiver
1201Z	ADULT DAY HEALTH - FULL DAY (APPROVED MEDICAL MODEL PROVIDER)	1 per day	CHC SERVICE PROV ONLY	*Y	Per week or per month		1915i, Medicaid, State Funded, Waiver

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1202Z	ADULT DAY HEALTH - HALF DAY (LESS THAN OR EQUAL TO 4 HRS)	1 per day	CHC SERVICE PROV ONLY	*Y	Per week or per month		1915i, Medicaid, State Funded, Waiver
971	ADULT DAY CARE 1200Z 1201Z 1202Z	1 per day	CHC SERVICE PROV ONLY	*Y	Per week or per month	Use 971 on Care Plan Use procedure code on claim	1915i, Medicaid, State Funded, Waiver
AD	ADULT DAY CARE (One time only) 1200Z U2 1201Z U2 1202Z U2	1 PER DAY	CHC SERVICE PROV ONLY	N	Per week or per month	Use AD on Care Plan Use procedure code on claim	1915i, Medicaid, State Funded, Waiver
1206Z	CHORE SERVICE AGENCY 1/4 HOUR	Per 15 min	CHC SERVICE PROV ONLY	*Y	Per week or per month		1915i, Medicaid, State Funded, Waiver
1208Z**	CHORE SERVICE - HIGHLY SKILLED / HOUR	\$\$	CHC SERVICE PROV ONLY	N	Frequency not applicable. Dollars authorized, not units.	All services req PA	1915i, Medicaid, State Funded, Waiver
1209Z**	MINOR HOME MODIFICATIONS	\$\$	CHC SERVICE PROV ONLY	N	Frequency not applicable. Dollars authorized, not units.	All services req PA	1915i, Medicaid, State Funded, Waiver
1210Z	COMPANION SERVICE - AGENCY PER 1/4 HOUR	Per 15 min	CHC SERVICE PROV ONLY	*Y	Per week or per month		1915i, Medicaid, State Funded, Waiver
1214Z	HOMEMAKER SERVICE - AGENCY - PER 1/4 HOUR	Per 15 min	CHC SERVICE PROV ONLY	*Y	Per week or per month		1915i, Medicaid, State Funded, Waiver

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1218Z	MEAL SERVICE - SINGLE HOT MEAL/MEAL SERVICE - SINGLE MEAL- HOT/COLD	1 single meal per day	CHC SERVICE PROV ONLY	*Y	Per week or per month		1915i, Medicaid, State Funded, Waiver
1220Z	DOUBLE MEAL (ONE HOT - ONE COLD) PER DOUBLE MEAL/MEAL SERVICE - DOUBLE (ONE HOT & ONE COLD) PER DOUBLE MEAL	1 double meal per day	CHC SERVICE PROV ONLY	*Y	Per week or per month		1915i, Medicaid, State Funded, Waiver
1221Z	KOSHER MEALS DOUBLE	1 double meal per day	CHC SERVICE PROV ONLY	*Y	Per week or per month		1915i, Medicaid, State Funded, Waiver
970	MEALS 1218Z 1220Z 1221Z	1 per day	CHC SERVICE PROV ONLY	*Y	Per week or per month	Use 970 on Care Plan Use procedure code on claim	1915i, Medicaid, State Funded, Waiver
ML	MEALS (One time only) 1218Z U2 1220Z U2 1221Z U2	1 per day	CHC SERVICE PROV ONLY	N	Per week or per month	Use ML on Care Plan Use procedure code on claim	1915i, Medicaid, State Funded, Waiver
1222Z**	PERS SERVICE INSTALLATION	1 installation per year	CHC SERVICE PROV ONLY	N	Per year		1915i, Medicaid, State Funded, Waiver
1223Z**	TWO-WAY PERS SYSTEM ONGOING SERVICES	1 ongoing service per month	CHC SERVICE PROV ONLY	N	Per month		1915i, Medicaid, State Funded, Waiver
1226Z	RESPIRE CARE IN THE HOME 1/4 HOUR- COMPANION/RESPIRE CARE IN THE HOME- 1/4 HR. COMPANION	Per 15 min	CHC SERVICE PROV ONLY	N	Per week or per month		1915i, Medicaid, State Funded, Waiver

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1228Z	RESPITE CARE IN THE HOME 1/4 HOUR - HOMEMAKER/RESPITE CARE IN THE HOME 1/4 HOUR-HOMEMAKER	Per 15 min	CHC SERVICE PROV ONLY	N	Per week or per month		1915i, Medicaid, State Funded, Waiver
1230Z	RESPITE CARE IN THE HOME 1/4 HOUR - HOME HEALTH AIDE	Per 15 min	CHC SERVICE PROV ONLY	N	Per week or per month		1915i, Medicaid, State Funded, Waiver
1232Z	RESPITE CARE IN THE HOME PER HOUR-OTHER	Per Hour	CHC SERVICE PROV ONLY	N	Per week or per month		1915i, Medicaid, State Funded, Waiver
1234Z	RESPITE CARE- REST HOME WITH NURSING SUPERVISION- PER DAY/RESPITE CARE-REST HOME WITH NURSING SUPERVISION-PER DAY	1 per day	CHC SERVICE PROV ONLY	*Y	Per week or per month		1915i, Medicaid, State Funded, Waiver
1236Z	RESPITE CARE- CHRONIC CONVALESCENT NURSING FACILITY- PER DAY/RESPITE CARE-CHRONIC CONVALESENT NURSING FACILITY-PER DAY	1 per day	CHC SERVICE PROV ONLY	*Y	Per week or per month		1915i, Medicaid, State Funded, Waiver
1240Z	RESPITE CARE LICENSED HOME FOR THE AGED-PER DAY/RESPITE CARE- LICENSED HOME FOR THE AGED PER DAY	1 per day	CHC SERVICE PROV ONLY	*Y	Per week or per month		1915i, Medicaid, State Funded, Waiver
1244Z	RESPITE CARE OUT OF THE HOME-PER HOUR-OTHER/RESPITE CARE OUT OF THE HOME PER HOUR OTHER	24 per day	CHC SERVICE PROV ONLY	N	Per week or per month		1915i, Medicaid, State Funded, Waiver
1247Z	MENTAL HEALTH COUNSELING- INDIVIDUAL-(PROVIDED IN CLIENT'S HOME)	1 per day	CHC SERVICE PROV ONLY	*Y	Per week or per month		1915i, Medicaid, State Funded, Waiver

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Procedure	Description	Unit Increment	Billing Provider	Span DOS Y/N	Valid Frequency	Care Plan limitation	Funding Source
1256Z	MENTAL HEALTH COUNSELING - INDIVIDUAL (45 - 50 MIN) OUT OF HOME/MENTAL HEALTH COUNSELING-INDIVIDUAL(45-50 MIN)-OUT OF HOME	1 per day	CHC SERVICE PROV ONLY	*Y	Per week or per month		1915i, Medicaid, State Funded, Waiver
1262Z	SOCIAL TRANSPORTATION - TAXI - PER TRIP	PER TRIP	CHC SERVICE PROV ONLY	N	Per week or per month		1915i, Medicaid, State Funded, Waiver
1264Z	SOCIAL TRANSPORTATION - LIVERY - PER TRIP	PER TRIP	CHC SERVICE PROV ONLY	N	Per week or per month		1915i, Medicaid, State Funded, Waiver
1266Z	SOCIAL TRANSPORTATION - INVALID COACH - PER TRIP	PER TRIP	CHC SERVICE PROV ONLY	N	Per week or per month		1915i, Medicaid, State Funded, Waiver
1321Z	CARE TRANSITIONS	1 per day	CHC SERVICE PROV ONLY	*Y	Per week or month		1915i, Medicaid, State Funded, Waiver
1322z	BILL PAYER	Per 15 min	CHC SERVICE PROV ONLY	N	Per Week or month		1915i, Medicaid, State Funded, Waiver
1333Z	CHRONIC DISEASE SELF MANAGEMENT	1 per day	CHC SERVICE PROVIDER ONLY	*Y	Per week or per month		1915i, Medicaid, State Funded, Waiver
1213M	RECOVERY ASSISTANCE AGENCY	Per 15 min	CHC SERVICE PROVIDER ONLY	N	Per week or per month		1915i, Medicaid, State Funded, Waiver

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1397Z**	ASSISTIVE TECHNOLOGY	\$	CHC SERVICE PROVIDERS AND ALLIED COMMUNITY RESOURCES	N	Frequency not applicable. Dollars authorized, not units.		1915i, Medicaid, State Funded, Waiver
1417Z	ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS	1 per day	CHC SERVICE PROVIDER ONLY	N	Per week or per month		1915i, Medicaid, State Funded, Waiver
2040Z	SUPPORT BROKER	Per 15 min	CHC SERVICE PROVIDER ONLY	N	Per week or per month		1915i, Medicaid, State Funded, Waiver
2030Z	SUPPORT BROKER INDIVIDUAL	Per 15 min	CHC SERVICE PROVIDER ONLY	N	Per week or per month		1915i, Medicaid, State Funded, Waiver
S5140	FOSTER CARE - LEVEL 1	1 per day	CHC SERVICE PROV ONLY	*Y	Per week or per month		1915i, Medicaid, State Funded, Waiver
5140X	FOSTER CARE LEVEL 2	1 per day	CHC SERVICE PROV ONLY	*Y	Per week or per month		1915i, Medicaid, State Funded, Waiver
5140Y	FOSTER CARE LEVEL 3	1 per day	CHC SERVICE PROV ONLY	*Y	Per week or per month		1915i, Medicaid, State Funded, Waiver
5140Z	FOSTER CARE LEVEL 4	1 per day	CHC SERVICE PROV ONLY	*Y	Per week or per month		1915i, Medicaid, State Funded, Waiver

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972	FOSTER CARE S5140 5140X 5140Y 5140Z	1 per day	CHC SERVICE PROV ONLY	*Y	Per week or per month	Use 972 on Care Plan Use procedure code on claim	1915i, Medicaid, State Funded, Waiver
FF	FOSTER CARE (One time only) S5140 U2 5140X U2 5140Y U2 5140Z U2	1 per day	CHC SERVICE PROV ONLY	N	Per week or per month	Use FF on Care Plan Use procedure code on claim	1915i, Medicaid, State Funded, Waiver
HOME HEALTH SERVICES BILLED BY HOME HEALTH AGENCIES							
441	SPEECH THERAPY, IN THE HOME, PER DIEM/SPEECH THERAPY, IN THE HOME, PER DIEM	1 per day	HOME HEALTH AGENCY ONLY	N	Per week or per month	In excess of 2 per week or in excess of 10 per month	1915i, Medicaid, State Funded, Waiver
431	OCCUPATIONAL THERAPY, IN THE HOME, PER DIEM	1 per day	HOME HEALTH AGENCY ONLY	N	Per week or per month	In excess of 1 per week or in excess of 5 per month	1915i, Medicaid, State Funded, Waiver
421	PHYSICAL THERAPY; IN THE HOME, PER DIEM	1 per day	HOME HEALTH AGENCY ONLY	N	Per week or per month	In excess of 2 per week or 10 per month	1915i, Medicaid, State Funded, Waiver
H0033	Oral Medication Administration, Direct Observation	1 per visit	HOME HEALTH AGENCY ONLY	N	Per week or per month	PA required from the first visit	1915i, Medicaid, State Funded, Waiver
T1001***	NURSING ASSESSMENT/EVALUATION	1 per eval	HOME HEALTH AGENCY ONLY	N	Per Date Span		1915i, Medicaid, State Funded, Waiver

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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		1915i, Medicaid, State Funded, Waiver
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		1915i, Medicaid, State Funded, Waiver
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 in excess of 248 per month	1915i, Medicaid, State Funded, Waiver
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 the first visit	1915i, Medicaid, State Funded, Waiver
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 the first visit	1915i, Medicaid, State Funded, Waiver
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 per month	PA required from the first visit	1915i, Medicaid, State Funded, Waiver
SN	SKILLED NURSING S9123 S9123 TT S9124 S9124 TT	1 per visit	HOME HEALTH AGENCY ONLY	N	Per Date Span	In excess of 2 per week of any combination of SN, SS, MA and MM.	1915i, Medicaid, State Funded, Waiver

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SS	SKILLED NURSING (One time only) S9123 U2 S9123 U2 TT S9124 U2 S9124 U2 TT	1 per visit	HOME HEALTH AGENCY ONLY	N	Per Date Span	In excess of 2 per week of any combination of SN, SS, MA and MM.	1915i, Medicaid, State Funded, Waiver
MA	MEDICATION ADMINISTRATION T1502 T1502 TT T1503 T1503 TT	1 per visit	HOME HEALTH AGENCY ONLY	N	Per Date Span	In excess of 2 per week of any combination of SN, SS, MA and MM.	1915i, Medicaid, State Funded, Waiver
MM	MEDICATION ADMINISTRATION (One time only) T1502 U2 T1502 U2 TT T1503 U2 T1503 U2 TT	1 per visit	HOME HEALTH AGENCY ONLY	N	Per Date Span	In excess of 2 per week of any combination of SN, SS, MA and MM.	1915i, Medicaid, State Funded, Waiver
PCA CHC SERVICES BILLED BY ALLIED COMMUNITY RESOURCES							
T1019	PERSONAL CARE SERVICES PER 15 MINUTES INDIVIDUAL	Per 15 min	ALLIED ONLY	*Y	Per week or per month		1915i, Medicaid, State Funded, Waiver
1019Z	PERSONAL CARE SERVICES INDIVIDUAL PER DIEM	1 per day	ALLIED ONLY	*Y	Per week or per month		1915i, Medicaid, State Funded, Waiver
1227Z	PCA INDIVIDUAL PER DIEM CANNOT BE COMPLETED PRORATED HOURLY	23 per day	ALLIED ONLY	N	Per week or per month		1915i, Medicaid, State Funded, Waiver
1397Z**	ASSISTIVE TECHNOLOGY	\$	CHC SERVICE PROVIDERS AND ALLIED COMMUNITY RESOURCES	N	Frequency not applicable. Dollars authorized, not units.		1915i, Medicaid, State Funded, Waiver

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1020Z	PERSONAL CARE SERVICES INDIVIDUAL OVERNIGHT	1 per day	ALLIED ONLY	*Y	Per week or per month		1915i, Medicaid, State Funded, Waiver
3020Z	PCA INDIV OVERNIGHT CANNOT BE COMPLETED PRORATED HOURLY	11 per day	ALLIED ONLY	N	Per week or per month		1915i, Medicaid, State Funded, Waiver
3029Z	RESPITE, PCA, INDIVIDUAL, OVERNIGHT	1 per day	ALLIED ONLY	*Y	Per week or per month		1915i, Medicaid, State Funded, Waiver
3030Z	RESPITE, PCA, INDIVIDUAL, OVERNIGHT, PRORATED HOURLY	Per hour	ALLIED ONLY	N	Per week or per month		1915i, Medicaid, State Funded, Waiver
3031Z	PERSONAL CARE RESPITE SERVICES PER 15 MINUTES INDIVIDUAL	Per 15 min	ALLIED ONLY	*Y	Per week or per month		1915i, Medicaid, State Funded, Waiver
3032Z	PERSONAL CARE RESPITE SERVICES PER DIEM	1 per day	ALLIED ONLY	*Y	Per week or per month		1915i, Medicaid, State Funded, Waiver
3033Z	PCA RESPITE, INDIV, PER DIEM, CANNOT BE COMPLETED, PRORATED HOURLY	23 per day	ALLIED ONLY	N	Per week or per month		1915i, Medicaid, State Funded, Waiver
* 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 can not be authorized or billed with a U2 Modifier.							
*** This code must be authorized and billed with a TD modifier.							

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<p>All procedure codes can be authorized with a TT Modifier. If authorized the TT Modifier must be on the claim.</p>							