		Unit	Billing	Span DOS	Valid	Care Plan	Funding
Procedure	Description	Increment	Provider	Y/N	Frequency	limitation	Source
	SER	VICES BILLI	ED BY ACCESS	AGENCY			
					Billable by		
	CASE MGMT SERVICES				Access Agency		1915i,
	(ACTIVITIES RELATED TO				only but		Medicaid,
	IMPLEMENTATION,				included in		State
	COORDINATION & MONITORING		ACCESS Agency		the care plan.		Funded,
1286Z**	PLAN OF CARE)	1 per day	only	*Y	Per day		Waiver
					Billable by		
	TIER A CASE MANAGEMENT, 3				Access Agency		1915i,
	OR LESS CARE MANAGEMENT				only but		Medicaid,
	INTERVENTIONS IN A 6 MONTH				included in		State
	PERIOD. QUARTERLY CONTACT		ACCESS Agency		the care plan.		Funded,
1286A**	AND ANNUAL REASSESSMENT	1 per day	only	*Y	Per day		Waiver
	TIER C CASE MANAGEMENT, 7						
	OR MORE CARE MANAGEMENT				Billable by		
	INTERVENTIONS IN A 6 MONTH				Access Agency		1915i,
	PERIOD. MONTHLY MONITORING,				only but		Medicaid,
	QUARTERLY FIELD VISITS, SIX				included in		State
	MONTH VISIT, ANNUAL		ACCESS Agency		the care plan.		Funded,
1286C**	REASSESSMENT	1 per day	only	*Y	Per day		Waiver
	SERVICES	BILLED BY	CHC SERVICE	PROVIDER	•		
							1915i,
							Medicaid,
							State
	PERSONAL CARE SERVICES: PER		CHC SERVICE		Per week or		Funded,
1021Z	15 MINUTES, AGENCY	Per 15 min	PROV ONLY	*Y	month		Waiver
							1915i,
							Medicaid,
							State
	PERSONAL CARE SERVICES:		CHC SERVICE		Per week or		Funded,
1022Z	OVERNIGHT, AGENCY	1 per day	PROV ONLY	*Y	per month		Waiver
							1915i,
							Medicaid,
	PCA AGENCY OVERNIGHT CANNOT				<u>_</u> ,		State
	BE COMPLETED PRORATED		CHC SERVICE		Per week or		Funded,
3022Z	HOURLY	11 per day	PROV ONLY	N	per month		Waiver
							1915i,
							Medicaid,
			aa. a		_ ,		State
10025	PERSONAL CARE SERVICES: PER	1 7	CHC SERVICE	4.77	Per week or		Funded,
1023Z	DIEM, AGENCY	1 per day	PROV ONLY	* Y	per month		Waiver

		Unit	Billing	Span DOS	Valid	Care Plan	Funding
Procedure	Description	Increment	Provider	Y/N	Frequency	limitation	Source
							1915i,
							Medicaid,
	PCA AGENCY, PER DIEM, CANNOT						State
	BE COMPLETED PRORATED		CHC SERVICE		Per week or		Funded,
1225Z	HOURLY	23 per day	PROV ONLY	N	per month		Waiver
							1915i,
							Medicaid,
	PERSONAL CARE RESPITE						State
	SERVICES: PER 15 MINUTES,		CHC SERVICE		Per week or		Funded,
3027Z	AGENCY	Per 15 min	PROV ONLY	*Y	month		Waiver
							1915i,
							Medicaid,
							State
	PERSONAL CARE RESPITE		CHC SERVICE		Per week or		Funded,
3026Z	SERVICES: OVERNIGHT, AGENCY	1 per day	PROV ONLY	*Y	per month		Waiver
							1915i,
							Medicaid,
	PCA RESPITE AGENCY,						State
	OVERNIGHT, CANNOT BE		CHC SERVICE		Per week or		Funded,
3024Z	COMPLETED, PRORATED HOURLY	11 per day	PROV ONLY	N	per month		Waiver
							1915i,
							Medicaid,
							State
	PERSONAL CARE RESPITE		CHC SERVICE		Per week or		Funded,
3028Z	SERVICES: PER DIEM, AGENCY	1 per day	PROV ONLY	*Y	per month		Waiver
							1915i,
							Medicaid,
	PCA RESPITE AGENCY, PER						State
	DIEM, CANNOT BE COMPLETED,		CHC SERVICE		Per week or		Funded,
3025Z	PRORATED HOURLY	23 per day	PROV ONLY	N	per month		Waiver
							1915i,
							Medicaid,
	ADULT DAY HEALTH - FULL DAY						State
	(NON-MEDICAL MODEL		CHC SERVICE		Per week or		Funded,
1200Z	PROVIDER)	1 per day	PROV ONLY	*Y	per month		Waiver
							1915i,
							Medicaid,
	ADULT DAY HEALTH - FULL DAY						State
	(APPROVED MEDICAL MODEL		CHC SERVICE		Per week or		Funded,
1201Z	PROVIDER)	1 per day	PROV ONLY	*Y	per month		Waiver

		Unit	Billing	Span DOS	Valid	Care Plan	Funding
Procedure	Description	Increment	Provider	Y/N	Frequency	limitation	Source
							1915i,
							Medicaid,
	ADULT DAY HEALTH - HALF DAY						State
	(LESS THAN OR EQUAL TO 4		CHC SERVICE		Per week or		Funded,
1202Z	HRS)	1 per day	PROV ONLY	*Y	per month		Waiver
						Use 971 on	
						Care Plan	1915i,
						Use	Medicaid,
	ADULT DAY CARE				_	procedure	State
0.71	1200Z	, ,	CHC SERVICE	1	Per week or	code on	Funded,
971	1201Z 1202Z	1 per day	PROV ONLY	*Y	per month	claim	Waiver
						Use AD on	1015
	IDITE DIV. GIDE (O					Care Plan	1915i,
	ADULT DAY CARE (One time only) 1200Z					Use procedure	Medicaid, State
	only) 1200Z U2 1201Z U2		CHC SERVICE		Per week or	code on	Funded,
AD	1201Z U2	1 PER DAY	PROV ONLY	N	per month	claim	Waiver
AD	12022 02	I IER DAI	TROV ONLI	14	per monen	CIGIN	1915i,
							Medicaid,
							State
	CHORE SERVICE AGENCY 1/4		CHC SERVICE		Per week or		Funded,
1206Z	HOUR	Per 15 min	PROV ONLY	*Y	per month		Waiver
					Frequency not		1915i,
					applicable.		Medicaid,
					Dollars	All	State
	CHORE SERVICE - HIGHLY		CHC SERVICE		authorized,	services	Funded,
1208Z**	SKILLED / HOUR	\$S	PROV ONLY	N	not units.	req PA	Waiver
					Frequency not		1915i,
					applicable.		Medicaid,
					Dollars	All	State
10005	WIND WONE WORKERS	4.0	CHC SERVICE	,,	authorized,	services	Funded,
1209Z**	MINOR HOME MODIFICATIONS	\$S	PROV ONLY	N	not units.	req PA	Waiver
							1915i,
							Medicaid,
	COMPANION CERTIFICE ACENTON		CHC CEDITOR		Dore trools are		State
1210Z	COMPANION SERVICE - AGENCY PER 1/4 HOUR	Per 15 min	CHC SERVICE PROV ONLY	*Y	Per week or per month		Funded, Waiver
12102	FER I/4 DOOK	LET IS WILL	FKOA ONTI	1.1	her montry		1915i,
							Medicaid,
							State
	HOMEMAKER SERVICE - AGENCY -		CHC SERVICE		Per week or		Funded,
1214Z	PER 1/4 HOUR	Per 15 min	PROV ONLY	*Y	per month		Waiver
	1111 1/1 110010	TOT TO WITH	1100 011111	т.	PCI MOIICH		MATACT

		Unit	Billing	Span DOS	Valid	Care Plan	Funding
Procedure	Description	Increment	Provider	Y/N	Frequency	limitation	Source
							1915i,
							Medicaid,
	MEAL SERVICE - SINGLE HOT	1 single					State
	MEAL/MEAL SERVICE - SINGLE	meal per	CHC SERVICE		Per week or		Funded,
1218Z	MEAL- HOT/COLD	day	PROV ONLY	*Y	per month		Waiver
							1915i,
	DOUBLE MEAL (ONE HOT - ONE						Medicaid,
	COLD) PER DOUBLE MEAL/MEAL	1 double					State
	SERVICE - DOUBLE (ONE HOT &	meal per	CHC SERVICE		Per week or		Funded,
1220Z	ONE COLD) PER DOUBLE MEAL	day	PROV ONLY	*Y	per month		Waiver
							1915i,
							Medicaid,
		1 double					State
		meal per	CHC SERVICE		Per week or		Funded,
1221Z	KOSHER MEALS DOUBLE	day	PROV ONLY	*Y	per month		Waiver
						Use 970 on	
						Care Plan	1915i,
	MEALS					Use	Medicaid,
	1218Z					procedure	State
	1220Z		CHC SERVICE		Per week or	code on	Funded,
970	1221Z	1 per day	PROV ONLY	*Y	per month	claim	Waiver
						Use ML on	
						Care Plan	1915i,
	MEALS (One time only)					Use	Medicaid,
	1218Z U2					procedure	State
	1220Z U2		CHC SERVICE		Per week or	code on	Funded,
ML	1221Z U2	1 per day	PROV ONLY	N	per month	claim	Waiver
							1915i,
							Medicaid,
							State
1.000 = 16.45			CHC SERVICE	1			Funded,
1222Z**	PERS SERVICE INSTALLATION	n per year	PROV ONLY	N	Per year		Waiver
							1915i,
							Medicaid,
		1 ongoing	G11G GB5 25				State
1002544	TWO-WAY PERS SYSTEM ONGOING			,,			Funded,
1223Z**	SERVICES	month	PROV ONLY	N	Per month		Waiver
	DEGREE GARE TV						1915i,
	RESPITE CARE IN THE HOME						Medicaid,
	1/4 HOUR- COMPANION/RESPITE		G11G GB5 25		,		State
10065	CARE IN THE HOME- 1/4 HR.	D 15 '	CHC SERVICE	,,	Per week or		Funded,
1226Z	COMPANION	Per 15 min	PROV ONLY	N	per month		Waiver

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

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

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

		Unit	Billing	Span DOS	Valid	Care Plan	Funding
Procedure	Description	Increment	Provider	Y/N	Frequency	limitation	Source
	1 1 1			,	1 1 1 1 1 1	Use 972 on	
						Care Plan	1915i,
	FOSTER CARE					Use	Medicaid,
	S5140					procedure	State
	5140X		CHC SERVICE		Per week or	code on	Funded,
972	5140Y 5140Z	1 per day	PROV ONLY	*Y	per month	claim	Waiver
7,2	31101	r per day	INOV ONEI	_	per monen	Use FF on	Walver
	FOSTER CARE (One time only)					Care Plan	1915i,
	S5140 U2					Use	Medicaid,
	5140 U2					procedure	State
	5140X U2 5140Y U2		CHC SERVICE		Per week or	code on	Funded,
FF	51401 02 5140Z U2	1 per day	PROV ONLY	N	per month	claim	Waiver
rr					-	Claill	walver
	HOME HEALTH SER	AIGES BILL	ED BY HOME H	EALTH AG	ENCIES	1	
						In excess	
						of 2 per	1915i,
	SPEECH THERAPY, IN THE					week or in	Medicaid,
	HOME, PER DIEM/SPEECH					excess of	State
	THERAPY, IN THE HOME, PER		HOME HEALTH		Per week or	10 per	Funded,
441	DIEM	1 per day	AGENCY ONLY	N	per month	month	Waiver
						In excess	1915i,
						of 1 per	Medicaid,
						week or in	State
	OCCUPATIONAL THERAPY, IN		HOME HEALTH		Per week or	excess of 5	Funded,
431	THE HOME, PER DIEM	1 per day	AGENCY ONLY	N	per month	per month	Waiver
							1915i,
						In excess	Medicaid,
						of 2 per	State
	PHYSICAL THERAPY; IN THE		HOME HEALTH		Per week or	week or 10	Funded,
421	HOME, PER DIEM	1 per day	AGENCY ONLY	N	per month	per month	Waiver
							1915i,
							Medicaid,
	Oral Medication					PA required	State
	Administration, Direct		HOME HEALTH		Per week or	from the	Funded,
н0033	Observation	1 per visit	AGENCY ONLY	N	per month	first visit	Waiver
							1915i,
							Medicaid,
							State
	NURSING		HOME HEALTH				Funded,
T1001***	ASSESSMENT/EVALUATION	1 per eval	AGENCY ONLY	N	Per Date Span		Waiver

		Unit	Billing	Span DOS	Valid	Care Plan	Funding
Procedure	Description	Increment	Provider	Y/N	Frequency	limitation	Source
	-						1915i,
							Medicaid,
	RN SERVICES, UP TO 15						State
	MINUTES (Must be billed in		HOME HEALTH		Per week or		Funded,
T1002	conjunction with S9123)	Per 15 min	AGENCY ONLY	N	per month		Waiver
	,				-		1915i,
							Medicaid,
	LPN/LVN SERVICES, UP TO 15						State
	MINUTES (Must be billed in		HOME HEALTH		Per week or		Funded,
T1003	conjunction with S9124)	Per 15 min	AGENCY ONLY	N	per month		Waiver
	,				-	In excess	
						of 56 per	1915i,
						week or in	Medicaid,
	SERVICES OF A QUALIFIED					excess of	State
	NURSING AIDE, UP TO 15		HOME HEALTH		Per week or	248 per	Funded,
T1004	MINUTES	Per 15 min	AGENCY ONLY	N	per month	month	Waiver
					_		1915i,
							Medicaid,
	MED TECH (Home Health Aide					PA required	•
	or Certified Nurse		HOME HEALTH		Per week or	from the	Funded,
T1021	Assistant)	1 per visit	AGENCY ONLY	N	per month	first visit	
							1915i,
	MED TECH (Home Health Aide						Medicaid,
	or Certified Nurse					PA required	State
	Assistant) T1021		HOME HEALTH		Per week or	from the	Funded,
MT	T1021 TT	1 per visit	AGENCY ONLY	N	per month	first visit	Waiver
	MED TECH (Home Health Aide						
	or Certified Nurse						1915i,
	Assistant) (One						Medicaid,
	time only) T1021					PA required	State
	U2 T1021		HOME HEALTH		Per week or	from the	Funded,
MU	U2 TT	1 per visit	AGENCY ONLY	N	per month	first visit	Waiver
				1		In excess	
	SKILLED NURSING					of 2 per	1915i,
	S9123					week of any	Medicaid,
	S9123 TT					combination	State
	S9124		HOME HEALTH			of SN, SS,	Funded,
SN	S9124 TT	1 per visit	AGENCY ONLY	N	Per Date Span	MA and MM.	Waiver

Care Plan limitation In excess of 2 per week of any combination of SN, SS, MA and MM. In excess of 2 per week of any combination	State Funded, Waiver 1915i,
of 2 per week of any combination of SN, SS, MA and MM. In excess of 2 per week of any	Medicaid, State Funded, Waiver
of 2 per week of any combination of SN, SS, MA and MM. In excess of 2 per week of any	Medicaid, State Funded, Waiver
week of any combination of SN, SS, MA and MM. In excess of 2 per week of any	Medicaid, State Funded, Waiver
combination of SN, SS, MA and MM. In excess of 2 per week of any	State Funded, Waiver 1915i,
of SN, SS, MA and MM. In excess of 2 per week of any	Funded, Waiver 1915i,
MA and MM. In excess of 2 per week of any	Waiver
In excess of 2 per week of any	1915i,
of 2 per week of any	-
week of any	-
_	IModianid
	· ·
	Funded,
	Waiver
	waiver
	1015'
	1915i,
	Funded,
MA and MM.	Waiver
	1915i,
	Medicaid,
	State
	Funded,
	Waiver
	1915i,
	Medicaid,
	State
	Funded,
	Waiver
	1915i,
	Medicaid,
	State
	Funded,
	Waiver
	1915i,
	Medicaid,
	State
	Funded,
	Waiver
	of SN, SS, MA and MM. In excess of 2 per week of any combination of SN, SS, MA and MM.

		Unit	Billing	Span DOS	Valid	Care Plan	Funding
Procedure	Description	Increment	Provider	Y/N	Frequency	limitation	Source
							1915i,
							Medicaid,
							State
	PERSONAL CARE SERVICES				Per week or		Funded,
1020Z	INDIVIDUAL OVERNIGHT	1 per day	ALLIED ONLY	*Y	per month		Waiver
							1915i,
							Medicaid,
	PCA INDIV OVERNIGHT CANNOT						State
	BE COMPLETED PRORATED				Per week or		Funded,
3020Z	HOURLY	11 per day	ALLIED ONLY	N	per month		Waiver
							1915i,
							Medicaid,
							State
	RESPITE, PCA, INDIVIDUAL,				Per week or		Funded,
3029Z	OVERNIGHT	1 per day	ALLIED ONLY	*Y	per month		Waiver
							1915i,
							Medicaid,
							State
	RESPITE, PCA, INDIVIDUAL,				Per week or		Funded,
3030Z	OVERNIGHT, PRORATED HOURLY	Per hour	ALLIED ONLY	N	per month		Waiver
							1915i,
							Medicaid,
	PERSONAL CARE RESPITE						State
	SERVICES PER 15 MINUTES				Per week or		Funded,
3031Z	INDIVIDUAL	Per 15 min	ALLIED ONLY	*Y	per month		Waiver
							1915i,
							Medicaid,
							State
	PERSONAL CARE RESPITE				Per week or		Funded,
3032Z	SERVICES PER DIEM	1 per day	ALLIED ONLY	*Y	per month		Waiver
							1915i,
							Medicaid,
	PCA RESPITE, INDIV, PER						State
	DIEM, CANNOT BE COMPLETED,				Per week or		Funded,
3033Z	PRORATED HOURLY	23 per day	ALLIED ONLY	N	per month		Waiver
* Spanne	d dates of service canno	t exceed the	he frequency	(weekly	or monthly) o	of the	
service	on the care plan.						
* Spanne	d dates of service canno	t span mul	tiple PA line	e details	on the care	plan.	
** These	codes can not be author	ized or bi	lled with a T	U2 Modif:	ier.		
*** This	code must be authorized	and bille	d with a TD r	modifier	•		

_				Span DOS			Funding
Procedure	Description	Increment	Provider	Y/N	Frequency	limitation	Source
All procedure codes can be authorized with a TT Modifier. If authorized the TT							
Modifier	must be on the claim.						