

PCA PROCEDURE CODE CROSSWALK 06/12/2023

Procedure	Description	Unit Increment	Billing Provider	Span DOS Y/N	Valid Frequency	Care Plan Limitation	Funding Source	EVV Mandate	Effective Date
<b>CASE MANAGEMENT SERVICES BILLED BY ACCESS AGENCIES - PROVIDER TYPE/ SPECIALTY 36/361</b>									
1286A	TIER A CASE MANAGEMENT*****	1 PER DAY	ACCESS AGENCY ONLY	*Y	PER DAY	AUTO-APPROVE	WAIVER ONLY	N/A	
1286C	TIER C CASE MANAGEMENT *****	1 PER DAY	ACCESS AGENCY ONLY	*Y	PER DAY	AUTO-APPROVE	WAIVER ONLY	N/A	
1286Z	CASE MANAGEMENT SERVICES*****	1 PER DAY	ACCESS AGENCY ONLY	*Y	PER DAY	AUTO-APPROVE	WAIVER ONLY	N/A	
2030Z	SUPPORT BROKER, INDIVIDUAL	PER 15 MIN	ALLIED COMMUNITY RESOURCES ONLY	*Y	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	N/A	END DATED 09/30/2019

<b>PCA SERVICES BILLED BY PCA SERVICE PROVIDER - PROVIDER TYPE 36/362</b>									
Procedure	Description	Unit Increment	Billing Provider	Span DOS Y/N	Valid Frequency	Care Plan Limitation	Funding Source	EVV Mandate	Effective Date
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	PCA SERV PROVIDER ONLY	*Y	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	MANDATED	SRVC EFFECTIVE 10/1/2019. MODIFIER TU ALLOWED 3/16/2020 - 11/11/2023.
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	PCA SERV PROVIDER ONLY	*Y	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	MANDATED	SRVC EFFECTIVE 10/1/2019. MODIFIER TU ALLOWED 3/16/2020 - 11/11/2023.
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	PCA SERV PROVIDER ONLY	*Y	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	MANDATED	SRVC EFFECTIVE 10/1/2019. MODIFIER TU ALLOWED 3/16/2020 - 11/11/2023.
1022Z	PERSONAL CARE SERVICES OVERNIGHT, AGENCY	1 PER DAY	PCA SERV PROVIDER ONLY	*Y	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	MANDATED	10/1/2019
34	PERSONAL CARE SERVICES OVERNIGHT, AGENCY 1022Z, 1022ZTT	1 PER DAY	PCA SERV PROVIDER ONLY	*Y	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	MANDATED	10/1/2019
3022Z	PERSONAL CARE SERVICES OVERNIGHT, CANNOT BE COMPLETED, PRORATED HOURLY	PER HOUR, UP TO 11 HOURS PER DAY	PCA SERV PROVIDER ONLY	N	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	MANDATED	10/1/2019
37	PERSONAL CARE SERVICES OVERNIGHT, CANNOT BE COMPLETED, PRORATED HOURLY 3022Z, 3022Z TT	PER HOUR, UP TO 11 HOURS PER DAY	PCA SERV PROVIDER ONLY	N	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	MANDATED	10/1/2019
1023Z	PERSONAL CARE SERVICES PER DIEM, AGENCY	1 PER DAY	PCA SERV PROVIDER ONLY	*Y	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	MANDATED	10/1/2019
35	PERSONAL CARE SERVICES PER DIEM, AGENCY 1023Z, 1023Z TT	1 PER DAY	PCA SERV PROVIDER ONLY	*Y	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	MANDATED	10/1/2019

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1225Z	PCA AGENCY, PER DIEM, CANNOT BE COMPLETED, PRORATED HOURLY	23 MAXIMUM ALLOWED PER DAY	PCA SERV PROVIDER ONLY	N	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	MANDATED	10/1/2019
38	PCA AGENCY, PER DIEM, CANNOT BE COMPLETED, PRORATED HOURLY 1225Z, 1225Z TT	23 MAXIMUM ALLOWED PER DAY	PCA SERV PROVIDER ONLY	N	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	MANDATED	10/1/2019
1200Z ***	ADULT DAY HEALTH - FULL DAY (NON-MEDICAL MODEL PROVIDER)	1 PER DAY	PCA SERV PROVIDER ONLY	*Y	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	N/A	10/1/2019
1201Z ***	ADULT DAY HEALTH - FULL DAY (APPROVED MEDICAL MODEL PROVIDER)	1 PER DAY	PCA SERV PROVIDER ONLY	*Y	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	N/A	10/1/2019
1202Z ***	ADULT DAY HEALTH - HALF DAY (LESS THAN OR EQUAL TO 4 HOURS)	1 PER DAY	PCA SERV PROVIDER ONLY	*Y	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	N/A	10/1/2019
971 ***	ADULT DAY CARE 1200Z, 1201Z, 1202Z	1 PER DAY	PCA SERV PROVIDER ONLY	*Y	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	N/A	10/1/2019
AD ***	ADULT DAY CARE (ONE TIME ONLY) 1200Z U2, 1201Z U2, 1202Z U2	1 PER DAY	PCA SERV PROVIDER ONLY	*Y	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	N/A	10/1/2019
1218Z	SINGLE MEAL	7 PER DAY	PCA SERV PROVIDER ONLY	*Y	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	N/A	Effective 3/16/2020 - 5/11/2023 During the COVID 19 PHE Period
1220z	DOUBLE MEAL	7 PER DAY	PCA SERV PROVIDER ONLY	*Y	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	N/A	Effective 3/16/2020 - 5/11/2023 During the COVID 19 PHE Period
1221z	KOSHER MEAL	7 PER DAY	PCA SERV PROVIDER ONLY	*Y	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	N/A	Effective 3/16/2020 - 5/11/2023 During the COVID 19 PHE Period
S5170*****	HOME DELIVERED PREPARED MEAL - SINGLE MEAL (SHELF STABLE)	14 PER DAY	PCA SERV PROVIDER ONLY	*Y	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	N/A	EFFECTIVE 4/1/2020 - 11/11/2023
1931Z*****	HOME DELIVERED PREPARED MEALS - DOUBLE MEAL (SHELF STABLE)	14 PER DAY	PCA SERV PROVIDER ONLY	*Y	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	N/A	EFFECTIVE 4/1/2020 - 11/11/2023
970*****	MEALS 1218Z, S5170 1220Z, 1931Z 1221Z	14 PER DAY	PCA SERV PROVIDER ONLY	*Y	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	N/A	EFFECTIVE 4/1/20/20 - 11/11/2023 S5170 & 1931Z INCLUDED IN SERVICE AUTHORIZATION
ML*****	MEALS (ONE TIME ONLY) 1218Z U2, S5170 U2 1220Z U2, 1931Z U2 1221Z U2	14 PER DAY	PCA SERV PROVIDER ONLY	*Y	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	N/A	EFFECTIVE 4/1/20/20 - 11/11/2023 S5170 & 1931Z INCLUDED IN SERVICE AUTHORIZATION
1222Z*****	PERSONAL EMERGENCY RESPONSE SYSTEM (INSTALLATION)	1 PER YEAR	PCA SERV PROVIDER ONLY	N	PER YEAR	AUTO-APPROVE	WAIVER ONLY	N/A	3/16/2020
1223Z*****	PERSONAL EMERGENCY RESPONSE SYSTEM (TWO WAY AGENCY SERVICES)	1 PER MONTH	PCA SERV PROVIDER ONLY	N	PER MONTH	AUTO-APPROVE	WAIVER ONLY	N/A	3/16/2020
1247Z ***	MENTAL HEALTH COUNSELING - INDIVIDUAL (PROVIDED IN CLIENT'S HOME)	1 PER DAY	PCA SERV PROVIDER ONLY	*Y	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	EVV TEMPORARILY SUSPENDED 3/16/2020 - 11/11/2023 DUE TO THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD. MANDATED EFFECTIVE 11/12/2023	10/1/2019

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1256Z	MENTAL HEALTH COUNSELING - INDIVIDUAL (45-50 min) OUT OF HOME	1 PER DAY	PCA SERV PROVIDER ONLY	*Y	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	N/A	10/1/2019
2040Z	SUPPORT BROKER	PER 15 MIN	PCA SERVICE PROVIDER ONLY	*Y	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	MANDATED	END DATED 09/30/2019
S5140	FOSTER CARE ADULT, PER DIEM 1	1 PER DAY	PCA SERVICE PROVIDER ONLY	*Y	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	N/A	
5140X	FOSTER CARE ADULT, PER DIEM 2	1 PER DAY	PCA SERVICE PROVIDER ONLY	*Y	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	N/A	
5140Y	FOSTER CARE ADULT, PER DIEM 3	1 PER DAY	PCA SERVICE PROVIDER ONLY	*Y	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	N/A	
5140Z	FOSTER CARE ADULT, PER DIEM 4	1 PER DAY	PCA SERVICE PROVIDER ONLY	*Y	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	N/A	
972	FOSTER CARE S5140 5140X 5140Y 5140Z	1 PER DAY	PCA SERVICE PROVIDER ONLY	*Y	PER WEEK OR MONTH	AUTO-APPROVE	WAIVER ONLY	N/A	
FF	FOSTER CARE (ONE TIME ONLY) S5140 U2 5140X U2 5140Y U2 5140Z U2	1 PER DAY	PCA SERVICE PROVIDER ONLY	N	PER WEEK OR PER MONTH	AUTO-APPROVE	WAIVER ONLY	N/A	
<b>CFC SUPPORT AND PLANNING COACH SERVICES BILLED BY CFC S&amp;P COACH - PROVIDER TYPE/SPEC - 50/506</b>									
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	MEDICAID ONLY	N/A	5/1/2022
44	2043Z - SUPPORT & PLANNING COACH, AGENCY 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	MEDICAID ONLY	N/A	5/1/2022
<b>CARE OF PERSONS WITH DEMENTIA (COPE) - PROVIDER TYPE/SPEC-05/050, 87/11, 17/171</b>									
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	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	N/A	SERVICE EFFECTIVE DATE - PENDING
<b>COMMUNITY LIVING IN PLACE, ADVANCED LIVING FOR ELDERS (CAPABLE) PROVIDER TYPE/SPEC - 05050, 87/171, 17/171, 81/802</b>									
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	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	N/A	SERVICE EFFECTIVE DATE - PENDING
1417Z	ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS (CAPABLE CERTIFICATE REQUIRED)	\$\$ AUTHORIZED	HHA, GROUP OR INDIV OT OR FI (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	N/A	SERVICE EFFECTIVE DATE - PENDING

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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	N/A	SERVICE EFFECTIVE DATE - PENDING
<b>HOME HEALTH SERVICES BILLED BY HOME HEALTH AGENCIES - PROVIDER TYPE/ SPECIALTY 05/050</b>									
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 MONTH	DUE TO THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD EFFECTIVE 4/1/2020 - 5/20/21 THE PA THRESHOLD INCREASED TO IN EXCESS OF THE INITIAL EVAL AND 4 ST VISITS PER WK	MEDICAID ONLY	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD 4/12/2020-05/11/2023 MANDATED	
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	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD 4/12/2020-05/11/2023 MANDATED	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	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD 4/12/2020-05/11/2023 MANDATED	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	MEDICAID ONLY	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 HEALTH AGENCY ONLY	N	PER DATE SPAN	AUTO-APPROVE	MEDICAID ONLY	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD 4/12/2020-05/11/2023 MANDATED	1/1/2018

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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	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD 4/12/2020-05/11/2023 MANDATED	1/1/2018
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 THE PA THRESHOLD INCREASED TO IN EXCESS OF THE INITIAL EVAL AND 4 PT VISITS PER WK	MEDICAID ONLY	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	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD 4/12/2020-05/11/2023 MANDATED	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	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD 4/12/2020-05/11/2023 MANDATED	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	MANDATED	
29	ORAL MEDICATION ADMINISTRATION, DIRECT OBSERVATION: H0033, H0033 TT	1 PER VISIT	HOME HEALTH AGENCY ONLY	N	PER DATE SPAN	PA REQUIRED FROM THE FIRST VISIT	MEDICAID ONLY	MANDATED	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	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD 4/12/2020-05/11/2023 MANDATED	1/1/2018

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Procedure	Description	Unit Increment	Billing Provider	Span DOS Y/N	Valid Frequency	Care Plan Limitation	Funding Source	EVV Mandate	Effective Date
40 ****	SKILLED SERVICES BY REGISTERED NURSE (RN) FOR MANAGEMENT AND EVALUATION OF A PLAN OF CARE: <b>G0162 TT, G0162 TT U2</b>	PER 15 MIN	HOME HEALTH AGENCY ONLY	N	PER DATE SPAN	MAXIMUM 6 UNITS ALLOWED PER 60 DAYS	MEDICAID ONLY	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD 4/12/2020-05/11/2023 MANDATED	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	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD 4/12/2020-05/11/2023 MANDATED	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	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	MANDATED	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 DATE SPAN	4 UNITS ALLOWED PER 1 UNIT OF S9123	MEDICAID ONLY	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 DATE SPAN	4 UNITS ALLOWED PER 1 UNIT OF S9124	MEDICAID ONLY	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	MANDATED	
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 RN	MEDICAID ONLY	MANDATED	

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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	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	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	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	MANDATED	
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 PHE <b>EFFECTIVE 4/1/2020 - 5/20/2021</b> THE PA THRESHOLD INCREASED TO > 5 PER WEEK OF ANY COMBINATION OF SN, SS, MA. & MM	MEDICAID ONLY	EVV TEMPORARILY SUSPENDED FOR <b>TELEHEALTH SERVICES</b> DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD <b>4/12/2020-05/11/2023 MANDATED</b>	<b>TELEHEALTH SERVICE (MODIFIERS 95 OR GT) NOT ALLOWED FOR DATES OF SERVICE ON OR AFTER 5/12/2023.</b>
SS ****	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 PHE <b>EFFECTIVE 4/1/2020 - 5/20/2021</b> THE PA THRESHOLD INCREASED TO > 5 PER WEEK OF ANY COMBINATION OF SN, SS, MA. & MM	MEDICAID ONLY	EVV TEMPORARILY SUSPENDED FOR <b>TELEHEALTH SERVICES</b> DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD <b>4/12/2020-05/11/2023 MANDATED</b>	<b>TELEHEALTH SERVICE (MODIFIERS 95 OR GT) NOT ALLOWED FOR DATES OF SERVICE ON OR AFTER 5/12/2023.</b>
MA ****	MEDICATION ADMINISTRATION T1502, <b>T1502 95, T1502 GT</b> T1502 TT, <b>T1502 TT 95, T1502 TT GT</b> T1503, <b>T1503 95, T1503 GT</b> T1503 TT, <b>T1503 TT 95, T1503 TT GT</b>	1 PER VISIT	HOME HEALTH AGENCY ONLY	N	PER DATE SPAN	DUE TO THE COVID-19 PHE <b>EFFECTIVE 4/1/2020 - 5/20/2021</b> THE PA THRESHOLD INCREASED TO > 5 PER WEEK OF ANY COMBINATION OF SN, SS, MA. & MM	MEDICAID ONLY	EVV TEMPORARILY SUSPENDED FOR <b>TELEHEALTH SERVICES</b> DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD <b>4/12/2020-05/11/2023 MANDATED</b>	<b>TELEHEALTH SERVICE (MODIFIERS 95 OR GT) NOT ALLOWED FOR DATES OF SERVICE ON OR AFTER 5/12/2023.</b>

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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 <b>EFFECTIVE</b> <b>4/1/2020 - 5/20/2021</b> THE PA THRESHOLD INCREASED TO > 5 PER WEEK OF ANY COMBINATION OF SN, SS, MA. & MM	MEDICAID ONLY	EVV TEMPORARILY SUSPENDED <b>FOR</b> <b>TELEHEALTH SERVICES</b> DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD <b>4/12/2020-05/11/2023</b> <b>MANDATED</b>	<b>TELEHEALTH SERVICE</b> <b>(MODIFIERS 95 OR GT)</b> <b>NOT ALLOWED FOR</b> <b>DATES OF SERVICE ON</b> <b>OR AFTER 5/12/2023.</b>

Procedure	Description	Unit Increment	Billing Provider	Span DOS Y/N	Valid Frequency	Care Plan Limitation	Funding Source	EVV Mandate	Effective Date
<b>CFC SERVICES BILLED BY CFC FI/PCA SERVICES PROVIDER - PROVIDER TYPE/ SPECIALTY 50/501</b>									
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	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	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	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	N/A	
	KOSHER MEALS DOUBLE 1221Z 1221Z TT	\$\$	CFC FI/ PCA SERVICE PROVIDER ONLY		FREQUENCY NOT APPLICABLE. DOLLARS AUTHORIZED, NOT UNITS.	AUTO-APPROVE	MEDICAID	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	N/A	Effective during the COVID -19 PHE Period 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	N/A	Effective during the COVID -19 PHE Period 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	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	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	MANDATED	

Procedure	Description	Unit Increment	Billing Provider	Span DOS Y/N	Valid Frequency	Care Plan Limitation	Funding Source	EVV Mandate	Effective Date
	WORKERS COMPENSATION COVERAGE 1525P	\$\$	CFC FI/ PCA SERVICE PROVIDER ONLY		FREQUENCY NOT APPLICABLE. DOLLARS AUTHORIZED, NOT UNITS.	AUTO-APPROVE	MEDICAID	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	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	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	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	MANDATED	
	PHYSICAL THERAPY COACH G0151 G0151 TT G0151 U2 G0151 TT U2	\$\$	CFC FI/ PCA SERVICE PROVIDER ONLY		FREQUENCY NOT APPLICABLE. DOLLARS AUTHORIZED, NOT UNITS.	AUTO-APPROVE	MEDICAID	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	OPTIONAL	
	SPEECH LANGUAGE THERAPY COAH G0153 G0153 TT G0153 U2 G0153 TT U2	\$\$	CFC FI/ PCA SERVICE PROVIDER ONLY		FREQUENCY NOT APPLICABLE. DOLLARS AUTHORIZED, NOT UNITS.	AUTO-APPROVE	MEDICAID	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	OPTIONAL	END DATE 12/31/2016
	HOME CARE TRAINING TO HOME CARE CLIENT, PER 15 MIN S5108	\$\$	CFC FI/ PCA SERVICE PROVIDER ONLY		FREQUENCY NOT APPLICABLE. DOLLARS AUTHORIZED, NOT UNITS.	AUTO-APPROVE	MEDICAID	OPTIONAL	EFFECTIVE 1/1/2017

Procedure	Description	Unit Increment	Billing Provider	Span DOS Y/N	Valid Frequency	Care Plan Limitation	Funding Source	EVV Mandate	Effective Date
<p><b>Note: Procedure Codes or Code Lists effective start of program (2/25/2016) on portal unless otherwise indicated.</b></p>									
<p><b>*Spanned dates of service cannot exceed the frequency (weekly or monthly) of the service on the care plan.</b></p>									
<p><b>* Spanned dates of service cannot span multiple PA line details on the care plan.</b></p>									
<p><b>** Overtime rate for select services billed with Modifier TU, allowed during the COVID-19 Public Health Emergency Period effective from dates of service March 16, 2020 - November 11, 2023.</b></p>									
<p><b>*** Mental Health Counseling</b> permitted to be serviced electronically or telephonically, during the COVID-19 Public Health Emergency Period, <b>effective from dates of service March 16, 2020 - November 11, 2023.</b> <b>***Adult Day Programs</b> permitted to provide services via a Video Communication system <b>to include a virtual assessment</b> of each participant and the <b>delivery of at least two (2) meals per day</b> during the COVID-19 Public Health Emergency Period <b>effective from dates of service March 16, 2020 - November 11, 2023.</b></p>									
<p><b>****TeleMedicine Services only are allowed for the following services</b> during the COVID-19 Public Health Emergency Period. <b>Effective March 26, 2020 - May 11, 2023.</b> Physical Therapy, Occupational Therapy and Speech Language Pathology service visits. <b>Effective April 12, 2020 - May 11, 2023.</b> 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. <b>NOTE:</b> Home Health Services, excluding therapy service visits, provided via Telemedicine require a 95 (member located in home) or GT (member's originating site located healthcare facility or office) modifier.</p>									
<p><b>****Medication Administration</b> via Telemedicine or Telephonic Services allowed during the COVID-19 Public Health Emergency Period <b>effective from dates of service March 26, 2020 - May 11, 2023.</b></p>									
<p><b>***** Shelf Stable Meals (single and double)</b> allowed during the COVID-19 Public Health Emergency Period <b>effective for dates of service April 1, 2020 - November 11, 2023.</b></p>									
<p><b>*****</b> These codes cannot be authorized or billed with a U2 modifier.</p>									