

Procedure	Description	Unit Increment	Billing Provider	Span DOS Y/N	Valid Frequency	Care Plan Limitation	Funding Source	EVV Mandate	Effective Date
SERVICES BILLED BY ACCESS AGENCY - PROVIDER TYPE/SPECIALTY 57/541									
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, State Funded or Waiver	N/A	
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, State Funded or Waiver	N/A	
1286C**	TIER C CASE MANAGEMENT, 7 OR MORE CARE MANAGEMENT INTERVENTIONS IN A 6 MONTH PERIOD. MONTHLY MONITORING, QUARTERLY FIELD VISITS, SIX MONTH VISITS, ANNUAL REASSESSMENT	1 PER DAY	ACCESS AGENCY ONLY	*Y	BILLABLE BY ACCESS AGENCY ONLY BUT INCLUDED IN THE CARE PLAN, PER DAY		1915i, State Funded or Waiver	N/A	
SERVICES BILLED BY CHC SERVICE PROVIDER - PROVIDER TYPE/SPECIALTY 57/544									
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	CHC SERVICE PROV ONLY	*Y	PER WEEK OR MONTH		1915i, State Funde or Waiver	MANDATED	OVERTIME MODIFIER TU ALLOWED 3/16/20 - 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	CHC SERVICE PROV ONLY	*Y	PER WEEK OR MONTH	USE 33 ON CARE PLAN AND PROCEDURE CODE ON CLAIM	1915i, State Funded or Waiver	MANDATED	OVERTIME MODIFIER TU ALLOWED 3/16/20 - 11/11/2023 EFF 5/1/17
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	CHC SERVICE PROV ONLY	*Y	PER WEEK OR MONTH	USE 41 ON CARE PLAN AND PROCEDURE CODE ON CLAIM	1915i, State Funded or Waiver	MANDATED	OVERTIME MODIFIER TU ALLOWED 3/16/20 - 11/11/2023 EFF 5/1/17
1022Z	PERSONAL CARE SERVICES OVERNIGHT, AGENCY	1 PER DAY	CHC SERVICE PROV ONLY	*Y	PER WEEK OR MONTH		1915i, State Funded or Waiver	MANDATED	
34	PERSONAL CARE SERVICES OVERNIGHT, AGENCY 1022Z 1022Z TT	1 PER DAY	CHC SERVICE PROV ONLY	*Y	PER WEEK OR MONTH	USE 34 ON CARE PLAN AND PROCEDURE CODE ON CLAIM	1915i, State Funded or Waiver	MANDATED	1/1/2018
3022Z	PCA AGENCY OVERNIGHT CANNOT BE COMPLETED PRORATED HOURLY	11 MAXIMUM ALLOWED PER DAY	CHC SERVICE PROV ONLY	N	PER WEEK OR MONTH		1915i, State Funded or Waiver	MANDATED	5/1/2017
37	PCA AGENCY OVERNIGHT, PRORATED HOURLY 3022Z 3022Z TT	11 MAXIMUM ALLOWED PER DAY	CHC SERVICE PROV ONLY	N	PER WEEK OR MONTH	USE 37 ON CARE PLAN AND PROCEDURE CODE ON CLAIM	1915i, State Funded or Waiver	MANDATED	1/1/2018
1023Z	PERSONAL CARE SERVICES PER DIEM, AGENCY	1 PER DAY	CHC SERVICE PROV ONLY	*Y	PER WEEK OR MONTH		1915i, State Funded or Waiver	MANDATED	

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35	PERSONAL CARE SERVICES PER DIEM, AGENCY 1023Z 1023Z TT	1 PER DAY	CHC SERVICE PROV ONLY	*Y	PER WEEK OR MONTH	USE 35 ON CARE PLAN AND PROCEDURE CODE ON CLAIM	1915i, State Funded or Waiver	MANDATED	5/1/2017
1225Z	PCA AGENCY, PER DIEM, CANNOT BE COMPLETED, PRORATED HOURLY	23 MAXIMUM ALLOWED PER DAY	CHC SERVICE PROV ONLY	N	PER WEEK OR MONTH		1915i, State Funded or Waiver	MANDATED	
38	PCA AGENCY, PER DIEM, CANNOT BE COMPLETED, PRORATED HOURLY 1225Z 1225Z TT	23 MAXIMUM ALLOWED PER DAY	CHC SERVICE PROV ONLY	N	PER WEEK OR MONTH	USE 38 ON CARE PLAN AND PROCEDURE CODE ON CLAIM	1915i, State Funded or Waiver	MANDATED	1/1/2018
3024Z	PCA RESPITE AGENCY, OVERNIGHT, CANNOT BE COMPLETED, PRORATED HOURLY	11 MAXIMUM ALLOWED PER DAY	CHC SERVICE PROV ONLY	N	PER WEEK OR MONTH		1915i, State Funded or Waiver	MANDATED	
3026Z	PERSONAL CARE RESPITE SERVICES: OVERNIGHT, AGENCY	1 PER DAY	CHC SERVICE PROV ONLY	*Y	PER WEEK OR MONTH		1915i, State Funded or Waiver	MANDATED	
3027Z ***	PERSONAL CARE RESPITE SERVICES: PER 15 MINUTES, AGENCY (TU MODIFIER ALLOWED WHEN CAREGIVER PROVIDES MORE THAN 40 HRS OF SERVICE IN A PAY WEEK)	PER 15 MIN	CHC SERVICE PROV ONLY	*Y	PER WEEK OR MONTH		1915i, State Funded or Waiver	MANDATED	OVERTIME MODIFIER TU ALLOWED 3/16/20 - 11/11/2023
3028Z	PERSONAL CARE RESPITE SERVICES: PER DIEM, AGENCY	1 PER DAY	CHC SERVICE PROV ONLY	*Y	PER WEEK OR MONTH		1915i, State Funded or Waiver	MANDATED	
3025Z	PCA RESPITE AGENCY, PER DIEM, CANNOT BE COMPLETED PRORATED HOURLY	23 MAXIMUM ALLOWED PER DAY	CHC SERVICE PROV ONLY	N	PER WEEK OR MONTH		1915i, State Funded or Waiver	MANDATED	
1200Z ****	ADULT DAY HEALTH - FULL DAY (APPROVED MEDICAL MODEL PROVIDER)	1 PER DAY	CHC SERVICE PROV ONLY	*Y	PER WEEK OR MONTH		1915i, State Funded or Waiver	N/A	
1201Z ****	ADULT DAY HEALTH - FULL DAY (APPROVED MEDICAL MODEL PROVIDER)	1 PER DAY	CHC SERVICE PROV ONLY	*Y	PER WEEK OR MONTH		1915i, State Funded or Waiver	N/A	
1202Z ****	ADULT DAY HEALTH - HALF DAY (LESS THAN OR EQUAL TO 4 HOURS)	1 PER DAY	CHC SERVICE PROV ONLY	*Y	PER WEEK OR MONTH		1915i, State Funded or Waiver	N/A	
971 ****	ADULT DAY CARE 1200Z 1201Z 1202Z	1 PER DAY	CHC SERVICE PROV ONLY	*Y	PER WEEK OR MONTH	USE 971 ON CARE PLAN, USE PROCEDURE CODE ON CLAIM	1915i, State Funded or Waiver	N/A	
AD ****	ADULT DAY CARE (ONE TIME ONLY) 1200Z U2 1201Z U2 1202Z U2	1 PER DAY	CHC SERVICE PROV ONLY	N	PER WEEK OR MONTH	USE AD ON CARE PLAN, USE PROCEDURE CODE ON CLAIM	1915i, State Funded or Waiver	N/A	
1206Z	CHORE SERVICE AGENCY 1/4 HOUR	PER 15 MIN	CHC SERVICE PROV ONLY	*Y	PER WEEK OR MONTH		1915i, State Funded or Waiver	MANDATED	
1208Z**	CHORE SERVICE - HIGHLY SKILLED/ HOUR	\$\$	CHC SERVICE PROV ONLY	N	FREQUENCY NOT APPLICABLE. DOLLARS AUTHORIZED, NOT UNITS.	ALL SERVICES REQ PA	1915i, State Funded or Waiver	N/A	
1209Z**	MINOR HOME MODIFICATIONS	\$\$	CHC SERVICE PROV ONLY	N	FREQUENCY NOT APPLICABLE. DOLLARS AUTHORIZED, NOT UNITS.	ALL SERVICES REQ PA	1915i, State Funded or Waiver	N/A	

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1210Z ***	COMPANION SERVICE - AGENCY PER 1/4 HOUR (TU MODIFIER ALLOWED WHEN CAREGIVER PROVIDES MORE THAN 40 HRS OF SERVICE IN A PAY WEEK)	PER 15 MIN	CHC SERVICE PROV ONLY	*Y	PER WEEK OR MONTH		1915i, State Funded or Waiver	MANDATED	OVERTIME MODIFIER TU ALLOWED 3/16/20 - 11/11/2023
1214Z	HOMEMAKER SERVICES - AGENCY PER 1/4 HOUR	PER 15 MIN	CHC SERVICE PROV ONLY	*Y	PER WEEK OR MONTH		1915i, State Funded or Waiver	MANDATED	
1218Z	MEAL SERVICE - SINGLE HOT MEAL/ MEAL SERVICE - SINGLE MEAL - HOT/ COLD	1 SINGLE MEAL PER DAY	CHC SERVICE PROVIDER ONLY	*Y	PER WEEK OR MONTH		1915i, State Funded or Waiver	N/A	
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 MONTH		1915i, State Funded or Waiver	N/A	
1221Z	KOSHER MEALS DOUBLE	1 DOUBLE MEAL PER DAY	CHC SERVICE PROV ONLY	*Y	PER WEEK OR MONTH		1915i, State Funded or Waiver	N/A	
S5170*****	HOME DELIVERED PREPARED MEAL - SINGLE MEAL (SHELF STABLE)	14 PER DAY	CHC SERVICE PROV ONLY	*Y	PER WEEK OR MONTH	AUTO-APPROVE	1915i, State Funded or Waiver	N/A	EFFECTIVE 4/1/2020- 11/11/2023
1931Z*****	HOME DELIVERED PREPARED MEALS - DOUBLE MEAL (SHELF STABLE)	14 PER DAY	CHC SERVICE PROV ONLY	*Y	PER WEEK OR MONTH	AUTO-APPROVE	1915i, State Funded or Waiver	N/A	EFFECTIVE 4/1/2020 - 11/11/2023 S5170 & 1931Z included in service auth.
970*****	MEALS 1218Z, S5170 1220Z, 1931Z 1221Z	14 PER DAY	CHC SERVICE PROV ONLY	*Y	PER WEEK OR MONTH	USE 970 ON CARE PLAN, USE PROCEDURE CODE ON CLAIM	1915i, State Funded or Waiver	N/A	EFFECTIVE 4/1/2020 - 11/11/2023 S5170 & 1931Z included in service auth.
ML*****	MEALS (ONE TIME ONLY) 1218Z U2, S5170 U2 1220Z U2, 1931Z U2 1221Z U2	14 PER DAY	CHC SERVICE PROV ONLY	N	PER WEEK OR MONTH	USE ML ON CARE PLAN, USE PROCEDURE CODE ON CLAIM	1915i, State Funded or Waiver	N/A	EFFECTIVE 4/1/2020 - 11/11/2023 S5170 & 1931Z included in service auth.
1222Z**	PERS SERVICE INSTALLATION	1 INSTALLATION PER YEAR	CHC SERVICE PROV ONLY	N	PER YEAR	AUTO-APPROVE	1915i, State Funded Waiver	N/A	
1223Z**	TWO-WAY PERS SYSTEM ONGOING SERVICES	1 ONGOING SERVICE PER MONTH	CHC SERVICE PROV ONLY	N	PER MONTH	AUTO-APPROVE	1915i, State Funded or Waiver	N/A	
1226Z ***	RESPIRE CARE IN THE HOME 1/4 HOUR - COMPANION/ RESPITE CARE IN THE HOME 1/4 HOUR COMPANION (TU MODIFIER ALLOWED WHEN CAREGIVER PROVIDES MORE THAN 40 HRS OF SERVICE IN A PAY WEEK)	PER 15 MIN	CHC SERVICE PROV ONLY	*Y	PER WEEK OR MONTH	AUTO-APPROVE	1915i, State Funded or Waiver	MANDATED	OVERTIME MODIFIER TU ALLOWED 3/16/20 - 11/11/2023

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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	*Y	PER WEEK OR MONTH	AUTO-APPROVE	1915i, State Funded or Waiver	MANDATED	
1230Z	RESPITE CARE IN THE HOME 1/4 HOUR - HOME HEALTH AIDE	PER 15 MIN	CHC SERVICE PROV ONLY	*Y	PER WEEK OR MONTH	AUTO-APPROVE	1915i, State Funded or Waiver	MANDATED	
1232Z	RESPITE CARE IN THE HOME PER HOUR - OTHER	PER HOUR	CHC SERVICE PROV ONLY	N	PER WEEK OR MONTH	AUTO-APPROVE	1915i, State Funded Waiver	MANDATED	
1234Z	RESPITE CARE - REST HOME WITH NURSING SUPERVISION - PER DAY/ RESPITE CARE - REST HOME WITH NURSING SUPERVISOR - PER DAY	1 PER DAY	CHC SERVICE PROV ONLY	*Y	PER WEEK OR MONTH	AUTO-APPROVE	1915i, State Funded or Waiver	N/A	
1236Z	RESPITE CARE - CHRONIC CONVALESCENT NURSING FACILITY - PER DAY/ RESPITE CARE - CHRONIC CONVALESCENT NURSING FACILITY - PER DAY	1 PER DAY	CHC SERVICE PROV ONLY	*Y	PER WEEK OR MONTH	AUTO-APPROVE	1915i, State Funded or Waiver	N/A	
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 MONTH	AUTO-APPROVE	1915i, State Funded or Waiver	N/A	
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	*Y	PER WEEK OR MONTH	AUTO-APPROVE	1915i, State Funded or Waiver	N/A	
1247Z ****	MENTAL HEALTH COUNSELING INDIVIDUAL (PROVIDED IN CLIENT'S HOME)	1 PER DAY	CHC SERVICE PROV ONLY	*Y	PER WEEK OR MONTH	AUTO-APPROVE	1915i, State Funded or Waiver	EVV TEMPORARILY SUSPENDED EFFECTIVE MARCH 16, 2020 - 11/11/2023 DUE TO THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD. MANDATED EFFECTIVE 11/12/2023	
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 MONTH		1915i, State Funded or Waiver	N/A	
1262Z	SOCIAL TRANSPORTATION - TAXI - PER TRIP	PER CASE	CHC SERVICE PROV ONLY	N	PER WEEK OR MONTH		1915i, State Funded or Waiver	N/A	
1264Z	SOCIAL TRANSPORTATION - LIVERY - PER TRIP	PER CASE	CHC SERVICE PROV ONLY	N	PER WEEK OR MONTH		1915i, State Funded or Waiver	N/A	
1266Z	SOCIAL TRANSPORTATION - INVALID COACH - PER TRIP	PER CASE	CHC SERVICE PROV ONLY	N	PER WEEK OR MONTH		1915i, State Funded or Waiver	N/A	
1321Z	CARE TRANSITIONS	1 PER DAY	CHC SERVICE PROV ONLY	*Y	PER WEEK OR MONTH		1915i, State Funded or Waiver	N/A	
1322Z	BILL PAYER	PER 15 MIN	CHC SERVICE PROV ONLY	N	PER WEEK OR MONTH		1915i, State Funded or Waiver	N/A	
1333Z	CHRONIC DISEASE SELF MANAGEMENT	1 PER DAY	CHC SERVICE PROV ONLY	*Y	PER WEEK OR MONTH		1915i, State Funded or Waiver	N/A	
1213M ***	RECOVERY ASSISTANT AGENCY - (TU MODIFIER ALLOWED WHEN CAREGIVER PROVIDES MORE THAN 40 HRS OF SERVICE IN A PAY WEEK)	PER 15 MIN	CHC SERVICE PROV ONLY	N	PER WEEK OR MONTH		1915i, State Funded or Waiver	MANDATED	OVERTIME MODIFIER TU ALLOWED 3/16/20 - 11/11/2023

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1397Z**	ASSISTIVE TECHNOLOGY	\$	CHC SERVICE PROVIDERS AND ALLIED COMMUNITY RESOURCES	N	FREQUENCY NOT APPLICABLE. DOLLARS AUTHORIZED, NOT UNITS.		1915i, State Funded or Waiver	N/A	
1417Z	ENVIRONMENTAL ACCESSIBILITY ADAPPTIONS	\$	CHC SERVICE PROV ONLY	N	FREQUENCY NOT APPLICABLE. DOLLARS AUTHORIZED, NOT UNITS.	ALL SERVICES REQ PA	1915i, State Funded or Waiver	N/A	
2030Z	SUPPORT BROKER INDIVIDUAL	PER 15 MIN	CHC SERVICE PROV ONLY	N	PER WEEK OR MONTH		1915i, State Funded or Waiver	OPTIONAL	
2040Z	SUPPORT BROKER	PER 15 MIN	CHC SERVICE PROV ONLY	N	PER WEEK OR MONTH		1915i, State Funded or Waiver	MANDATED	
S5140	FOSTER CARE - LEVEL 1	1 PER DAY	CHC SERVICE PROV ONLY	*Y	PER WEEK OR MONTH		1915i, State Funded or Waiver	N/A	
5140X	FOSTER CARE - LEVEL 2	1 PER DAY	CHC SERVICE PROV ONLY	*Y	PER WEEK OR MONTH		1915i, State Funded or Waiver	N/A	
5140Y	FOSTER CARE - LEVEL 3	1 PER DAY	CHC SERVICE PROV ONLY	*Y	PER WEEK OR MONTH		1915i, State Funded or Waiver	N/A	
5140Z	FOSTER CARE - LEVEL 4	1 PER DAY	CHC SERVICE PROV ONLY	*Y	PER WEEK OR MONTH		1915i, State Funded or Waiver	N/A	
972	FOSTER CARE (ONE TIME ONLY) S5140 5140X 5140Y 5140Z	1 PER DAY	CHC SERVICE PROV ONLY	*Y	PER WEEK OR MONTH		1915i, State Funded or Waiver	N/A	
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		1915i, State Funded or Waiver	N/A	
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	MEDICAID	N/A	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 12 UNITS PER DAY	MEDICAID	N/A	5/1/2022
CARE OF PERSONS WITH DEMENTIA (COPE) - PROVIDER TYPE/SPEC-05/050, 87/11, 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 VISTS = 1 HR	MEDICAID ONLY	N/A	SERVICE EFFECTIVE DATE - PENDING

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55108	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
COMMUNITY LIVING IN PLACE, ADVANCED LIVING FOR ELDERLS (CAPABLE) PROVIDER TYPE/SPEC - 05/050, 87/171, 17/171, 81/802									
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
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
HOME HEALTH SERVICES BILLED BY HOME HEALTH AGENCIES - PROVIDER TYPE/ SPECIALTY 05/050									
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 - 5/20/2021 THE PA THRESHOLD INCREASED TO IN EXCESS OF THE INITIAL EVAL AND 4 VISITS PER WEEK	Medicaid or State Funded Only	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID -19 PUBLIC HEALTH EMERGENCY PERIOD EFFECTIVE 4/12/2020 - 5/11/2023. 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 or State Funded, Only	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID -19 PUBLIC HEALTH EMERGENCY PERIOD EFFECTIVE 4/12/2020 - 5/11/2023. 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 or State Funded, Only	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID -19 PUBLIC HEALTH EMERGENCY PERIOD EFFECTIVE 4/12/2020 - 5/11/2023. 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 THE PA THRESHOLD INCREASED TO IN EXCESS OF THE INITIAL EVAL AND 2 OT VISITS PER WEEK	Medicaid or State Funded, 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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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 or State Funded, Only	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD EFFECTIVE 4/12/2020 - 5/11/2023. MANDATED	1/1/2018
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 or State Funded, 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 TH 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 4 PT VISITS PER WEEK	Medicaid or State Funded, 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 or State Funded, 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 or State Funded, 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 or State Funded, Only	MANDATED	
29	ORAL MEDICATION ADMINISTRATION, DIRECT OBSERVATION H0033 H0033TT	1 PER VISIT	HOME HEALTH AGENCY ONLY	N	PER DATE SPAN	PA REQUIRED FROM THE FIRST VISIT	Medicaid or State Funded, Only	MANDATED	3/1/2017
39	SKILLED SERVICES BY REGISTERED NURSE (RN) FOR MANAGEMENT AND EVALUATION OF A PLAN OF CARE G0162 TT	PER 15 MIN	HOME HEALTH AGENCY ONLY	N	PER DATE SPAN	MAXIMUM 6 UNITS ALLOWED PER 60 DAYS	Medicaid or State Funded, 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
40	SKILLED SERVICES BY REGISTERED NURSE (RN) FOR MANAGEMENT AND EVALUATION OF A PLAN OF CARE G0162 TT G0162 TT U2	PER 15 MIN	HOME HEALTH AGENCY ONLY	N	PER DATE SPAN	MAXIMUM 6 UNITS ALLOWED PER 60 DAYS	Medicaid or State Funded, 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 or State Funded, 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 or State Funded, Only	MANDATED	

Procedure	Description	Unit Increment	Billing Provider	Span DOS Y/N	Valid Frequency	Care Plan Limitation	Funding Source	EVV Mandate	Effective Date
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 or State Funded, 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 WEEK OR MONTH	4 UNITS ALLOWED PER 1 UNIT OF S9123	Medicaid or State Funded, 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 WEEK OR MONTH	4 UNITS ALLOWED PER 1 UNIT OF S9124	Medicaid or State Funded, 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 or State Funded, 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 NN	Medicaid or State Funded, Only	MANDATED	2/25/2016
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 or State Funded, Only	MANDATED	2/25/2016
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 or State Funded, 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 or State Funded, Only	MANDATED	1/1/2014
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 or State Funded, Only	MANDATED	1/1/2014
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	Medicaid or State Funded, Only	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD 4/12/2020-05/11/2023 MANDATED	TELEHEALTH SERVICE (MODIFIERS 95 OR GT) NOT ALLOWED FOR DATES OF SERVICE ON OR AFTER 5/12/2023.

Procedure	Description	Unit Increment	Billing Provider	Span DOS Y/N	Valid Frequency	Care Plan Limitation	Funding Source	EVV Mandate	Effective Date
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 - 5/20/21 THE PA THRESHOLD INCREASED TO IN EXCESS OF 5 PER WEEK OF ANY COMBINATION OF SN, SS, MA AND MM	Medicaid or State Funded, Only	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD 4/12/2020-05/11/2023 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 - 5/20/21 THE PA THRESHOLD INCREASED TO IN EXCESS OF 5 PER WEEK OF ANY COMBINATION OF SN, SS, MA AND MM	Medicaid or State Funded, Only	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD 4/12/2020-05/11/2023 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	Medicaid or State Funded, Only	EVV TEMPORARILY SUSPENDED FOR TELEHEALTH SERVICES EFFECTIVE 4/12/2020 - 5/11/23 DUE TO THE COVID-19 PUBLIC HEALTH EMERGENCY PERIOD MANDATED	TELEHEALTH SERVICE (MODIFIERS 95 OR GT) NOT ALLOWED FOR DATES OF SERVICE ON OR AFTER 5/12/2023.
PCA CHC SERVICES BILLED BY ALLIED COMMUNITY RESOURCES-PROVIDER TYPE/SPECIALTY 57/543									
T1019	PERSONAL CARE SERVICES PER 15 MINUTES, INDIVIDUAL	PER 15 MIN	ALLIED ONLY	*Y	PER WEEK OR MONTH		1915i, State Funded or Waiver	OPTIONAL	
1019Z	PERSONAL CARE SERVICES, INDIVIDUAL PER DIEM	1 PER DAY	ALLIED ONLY	*Y	PER WEEK OR MONTH		1915i, State Funded or Waiver	OPTIONAL	
1227Z	PCA INDIVIDUAL PER DIEM CANNOT BE COMPLETED, PRORATED HOURLY	23 MAXIMUM ALLOWED PER DAY	ALLIED ONLY	N	PER WEEK OR MONTH		1915i, State Funded or Waiver	OPTIONAL	
1397Z**	ASSISTIVE TECHNOLOGY	\$	CHC SERVICE PROVIDERS AND ALLIED COMMUNITY RESOURCES	N	FREQUENCY NOT APPLICABLE. DOLLARS AUTHORIZED, NOT UNITS.		1915i, State Funded or Waiver	N/A	
1020Z	PERSONAL CARE SERVICES, INDIVIDUAL OVERNIGHT	1 PER DAY	ALLIED ONLY	*Y	PER WEEK OR MONTH		1915i, State Funded or Waiver	OPTIONAL	
3020Z	PCA INDIVIDUAL OVERNIGHT, CANNOT BE COMPLETED PRORATED HOURLY	11 MAXIMUM ALLOWED PER DAY	ALLIED ONLY	N	PER WEEK OR MONTH		1915i, State Funded or Waiver	OPTIONAL	

Procedure	Description	Unit Increment	Billing Provider	Span DOS Y/N	Valid Frequency	Care Plan Limitation	Funding Source	EVV Mandate	Effective Date
3029Z	RESPIRE, PCA INDIVIDUAL OVERNIGHT	1 PER DAY	ALLIED ONLY	*Y	PER WEEK OR MONTH		1915i, State Funded or Waiver	OPTIONAL	
3030Z	RESPIRE, PCA INDIVIDUAL OVERNIGHT, PRORATED HOURLY	PER HOUR	ALLIED ONLY	N	PER WEEK OR MONTH		1915i, State Funded or Waiver	OPTIONAL	
3031Z	PERSONAL CARE RESPITE SERVICES PER 15 MINUTES INDIVIDUAL	PER 15 MIN	ALLIED ONLY	*Y	PER WEEK OR MONTH		1915i, State Funded or Waiver	OPTIONAL	
3032Z	PERSONAL CARE RESPITE SERVICES PER DIEM	1 PER DAY	ALLIED ONLY	*Y	PER WEEK OR MONTH		1915i, State Funded or Waiver	OPTIONAL	
3033Z	PCA RESPITE, INDIVIDUAL PER DIEM, CANNOT BE COMPLETED, PRORATED HOURLY	23 MAXIMUM ALLOWED PER DAY	ALLIED ONLY	N	PER WEEK OR MONTH		1915i, State Funded or Waiver	OPTIONAL	

CFC SERVICES BILLED BY CFC FI SERVICE PROVIDER - PROVIDER TYPE/ SPECIALTY 50/501

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	2/25/2016
	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) ***** 55170	\$\$	CFC FI/ PCA SERVICE PROVIDER ONLY		FREQUENCY NOT APPLICABLE. DOLLARS AUTHORIZED, NOT UNITS.	AUTO-APPROVE	MEDICAID	N/A	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	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	

Procedure	Description	Unit Increment	Billing Provider	Span DOS Y/N	Valid Frequency	Care Plan Limitation	Funding Source	EVV Mandate	Effective Date
	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 SERVICES 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	
	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 COACH 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	

Procedure	Description	Unit Increment	Billing Provider	Span DOS Y/N	Valid Frequency	Care Plan Limitation	Funding Source	EVV Mandate	Effective Date
	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 12/13/16
	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

***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 cannot be authorized or billed with a U2 modifier.**

*****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.**

****** Mental Health Counseling** permitted to be serviced electronically or telephonically, during the COVID-19 Public Health Emergency Period, **effective from dates of service March 16, 2020 - November 11, 2023.** ******Adult Day Programs** permitted to provide services via a Video Communication system to include a virtual assessment of each participant and the delivery of at least two (2) meals per day during the COVID-19 Public Health Emergency Period **effective from dates of service March 16, 2020 - November 11, 2023.**

*******Shelf Stable Meals (single and double)** allowed during the COVID-19 Public Health Emergency Period **effective from dates of service April 1, 202 - November 11, 2023.**

*******TeleMedicine Services only are allowed for the following services** during the COVID-19 Public Health Emergency Period. **Effective March 26, 2020 - MAY 11, 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 of Evaluations for Occupational Therapy, Physical Therapy and Speech Language Pathology. **NOTE:** Home Health Services provided via Telemedicine, excluding therapy service visits require a 95 (member located in home) or GT (member's originating site located healthcare facility or office) modifier.

*******Medication Administration** via Telemedicine or Telephonic Services allowed during the COVID-19 Public Health Emergency Period **effective from dates of service March 26, 2020**

Note: All procedure codes can be authorized with a TT modifier. If authorized the TT modifier must be on the claim.

Note: Procedure Codes or Code Lists effective start of program (7/1/2013) in portal unless otherwise indicated.