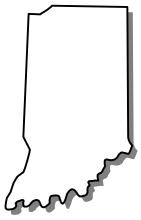
Indiana Health Coverage Programs



**P R O V I D E R  B U L L E T I N**

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## To: All Providers

## Subject: HIPAA-Mandated Elimination of Local Codes and Local Code Modifiers

## Overview

The Administrative Simplification Requirements of the *Health Insurance Portability and Accountability Act (HIPAA) of 1996* mandates that covered entities no longer use local codes or local code modifiers in standard transactions. Although HIPAA implementation is October 16, 2003, the Indiana Health Coverage Programs (IHCP) is eliminating local codes and local code modifiers for both paper and electronic standard transactions effective January 1, 2004. As indicated in provider bulletin *BT200344*, the date for elimination of local codes was changed from October 16, 2003, to December 31, 2003, due to federal interpretation of HIPAA requirements for state Medicaid programs.

The Health Care Common Procedure Coding System (HCPCS) local level III codes are alphanumeric codes starting with letters **W** through **Z** followed by four numbers. The range of local level III codes is *W0000-Z9999*. The IHCP has used local level III codes to describe new services, procedures, and supplies that either did not have national codes or that were deleted from the Current Procedural Terminology (CPT) coding system, but still recognized or reimbursed by the IHCP.

> *Note: Providers should follow local code billing procedures described in* Chapter 8 *of the current* IHCP Provider Manual *through December 31, 2003, except for anesthesia. The revised anesthesia billing instructions can be found in the Anesthesia section of this bulletin. Providers should follow billing instructions described in this bulletin for claims billed with dates of service January 1, 2004, and after.*

## Local Code Crosswalk

Effective January 1, 2004, replacement level I (CPT) or level II (national) codes must be used instead of local level III codes. Claims submitted with dates of service on or after January 1, 2004, with local codes and local code modifiers, will deny. Table 16 at the end of this bulletin provides a comprehensive list of IHCP local codes that have been crosswalked to replacement level I (CPT) or level II (national) codes.

Some local codes were previously replaced during the annual HCPCS review process. Providers should review both the crosswalk table attached to this bulletin, as well as provider bulletin *BT200313* dated February 15, 2003, for complete information.

# Procedure Code/Modifier/Taxonomy Combinations

The IHCP will use modifier and taxonomy combinations with certain procedure codes to add detail to national procedure codes that lack the detail necessary for IHCP reimbursement. A definition of taxonomy codes and modifier codes is described below. Taxonomy is required when it has been identified as part of the procedure code/modifier/taxonomy combination. Tables 15 and 16 list services that require the modifier or taxonomy code to be billed with the procedure code. Other procedure codes do not require the use of taxonomy codes, but a taxonomy code may be indicated for informational purposes. It is extremely important that providers bill the correct combinations to replace certain local codes. Failure to bill the correct procedure code/modifier/taxonomy combinations can result in incorrect payment or denial of services. Table 1 provides an example of how Medicaid Waiver providers must include modifier U7 and taxonomy code 376J0000X with procedure code S5150 on the CMS-1500 claim form.

Table 1 – Example of Waiver Local Code Crosswalk

| Local Code | Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Description |
|---|---|---|---|
| Z5654 | Respite/homemaker (non-agency) (1 hour = 1 unit) | S5150 U7<br>376J0000X | S5150 – Unskilled respite care, not hospice; each 15 minutes<br>U7 – Waiver<br>376J0000X – Homemaker |

# Modifiers

Modifiers are two-position character suffixes added to five-character HCPCS (levels I, II, and III) procedure codes. Modifiers add detail to a procedure code for accurate payment and processing. The IHCP will end date HCPCS level III modifiers for dates of services after December 31, 2003, and will use only national modifiers or the U modifiers described below.

## *U Modifiers*

The Centers for Medicare and Medicaid Services (CMS) approved 13 Medicaid Level of Care HCPCS modifiers with a July 1, 2002, effective date. The IHCP will recognize these modifiers for dates of service effective January 1, 2004, and after. These modifiers can only be used by state Medicaid programs and are defined by each state. Modifiers U1 through U9 and UA through UD are defined as "Medicaid level of care 1-13, as defined by each state". The IHCP used the modifiers for many crosswalk solutions. There are several instances where a **U** modifier is used for multiple reasons; therefore, it is imperative that providers review the attached crosswalk table for specific IHCP uses of the **U** modifiers. For example, the IHCP uses the same **U** modifier for the following services:

- A0425 U1 – Ground mileage, U1 indicates advanced life support
- H2032 U1 – Activity therapy, U1 indicates music therapy
- U1 through U3 indicates the three levels of trimester billing

# Taxonomy Codes

Provider taxonomy is a code set for the classification system used to categorize health care providers by type and specialty for the care-giving situation. The taxonomy code set provides the ability to sort providers by general categories such as *Registered Nurse*, or by specific categories such as *Registered Nurse – Case Management*.

The IHCP does not assign taxonomy codes to the provider. It is the provider's responsibility to select the appropriate taxonomy code for the rendered service.

The National Uniform Claim Committee (NUCC) is now responsible for maintaining the *Health Care Provider Taxonomy List.* A list of taxonomy codes published by the NUCC is available at the Washington Publishing Company Web site at http://www.wpc-edi.com/codes/Codes.asp.

Taxonomy is used when necessary with certain procedure codes that lack the required detail for IHCP reimbursement. See Table 16 to determine services that require a taxonomy code to be billed with a procedure code.

## End-Dated Codes

All local codes (procedures and modifiers) will be end dated in Indiana*AIM* for dates of service beginning January 1, 2004, with the exception of anesthesia local code modifiers W5, W6, and W7, which will be end dated for dates of services beginning October 16, 2003. Providers may continue to use local codes for claims with dates of service before January 1, 2004. Any claims submitted with local codes for dates of service after December 31, 2003, will deny.

All local codes were addressed during the crosswalk process. Each code has been crosswalked to a valid national code or national code modifier/taxonomy combination.

## Prior Authorization

When prior authorization (PA) requests are received for a local code, Health Care Excel (HCE) will check the *from* and *through* dates for the service requested. **Prior authorization requests with local codes will not receive approval for dates of service after December 31, 2003.** Prior authorization requests containing local codes will be end-dated effective December 31, 2003. The decision letter sent to providers will request that providers submit a new PA request or a system update with the appropriate national code for any services on or after January 1, 2004.

To minimize the impact to providers from replacing local codes with national codes, HCE is systematically end-dating PAs in Indiana*AIM* with approval dates for local codes after December 31, 2003. Requesting providers with PAs for end-dated local codes will receive a letter informing them of the revised PAs reflecting the end date of December 31, 2003. A provider can then submit either a system update or a new PA request for the service using the appropriate national code rather than the local code.

### *Submission of PA Requests for Crosswalked Codes*

Providers can submit PA requests for crosswalked national codes after October 1, 2003, for service dates on or after January 1, 2004. **If a provider submits a request with a national crosswalked code for a service date prior to January 1, 2004, HCE will reject the request.** Providers cannot submit PA requests using the replacement, or crosswalked, codes for service dates before January 1, 2004.

### *Notification Letters*

Approved PAs in Indiana*AIM*, extending beyond the December 31, 2003, deadline, will be systematically end-dated with a December 31, 2003, date. Providers will receive a list of their approved PA requests so that the request(s) can be resubmitted. When submitting PAs for services that span December 31, 2003, providers must submit two line items using the local code on one line and the crosswalked code on another line with the appropriate dates. **For dates of service on or after**

**January 1, 2004, the IHCP will only approve the crosswalked codes that appear on the crosswalk in this bulletin rather than local codes.**

# Pricing

Procedure codes with required procedure code/modifier/taxonomy combinations allow Indiana*AIM* to reimburse providers based on the required procedure code/modifier/taxonomy combinations described in Table 16. Reimbursement amounts did not change because of HIPAA implementation; however, there may be changes in the unit description for the cross walked code and, therefore, a change in the price per unit.

> *Note: There have been a few rate changes initiated through the Waiver program, which are noted with an asterisk (*) in Tables 15 and 16.*

# Anesthesia Services

The Administrative Simplification Requirements of the *HIPAA of 1996* mandates that covered entities adopt the standards for the anesthesia CPT codes.

Effective October 16, 2003, providers billing anesthesia services must use anesthesia CPT codes 00100 through 01999. Anesthesia charges must be submitted using the anesthesia CPT code that corresponds to the surgical procedure performed.

General, regional, or epidural anesthesia administered by the same provider who performs the surgical or obstetrical delivery procedure is denied as included in the surgical delivery fee.

## *Time*

There is no change in the way time units are billed for anesthesia claims. The actual time of the procedure, in minutes, is indicated in locator 24G of the CMS-1500 claim form, or *Service Unit Count, Data Element 380* on the 837 Professional (837P) electronic transaction. Indiana*AIM* calculates the time units. **One unit is allowed for each 15-minute period or fraction thereof with the exception of anesthesia for normal vaginal deliveries where one unit is allowed for each 60 minutes beginning with the second hour of anesthesia.**

## *Base Units*

Base unit values have been assigned to all CPT codes for anesthesia services (00100 through 01999). The IHCP used the relative values for 2002 as published by the American Society of Anesthesiologists.

> *Note: Providers must not report the base units on claims. Indiana*AIM a*utomatically determines base units for procedure codes submitted on the CMS-1500 claim form or the 837P electronic transaction.*

## *Qualifying Circumstances*

Effective October 16, 2003, the IHCP will no longer use local code modifiers to request additional units. The only modifiers used to denote qualifying circumstances are the P1 through P6 physical status modifiers. The IHCP eliminated all local code modifiers and replaced them with CPT codes to describe qualifying circumstances that may justify additional payment. Additional units are also

recognized and calculated by the claims processing system for the patient's age. The following is a list of different circumstances that will provide additional reimbursement for adjudication:

- Procedure code 99140 – Use this code on a separate line item of the claim to indicate the anesthesia provided was complicated by emergency conditions.
- Age – Indiana*AIM* automatically adds additional units to the base units for members younger than one year old or older than 70 years old.
- Physical Status Modifiers – Providers must use the appropriate modifier to denote any of the conditions described in the modifier descriptions listed in Table 2. Indiana*AIM* applies additional units to the base units for claims submitted with the modifiers listed in Table 2.
- Additional CPT codes – These codes replace local code modifiers W6 and W7. These codes must be used with an **AA** modifier to denote they apply to anesthesia services. These must be billed on a separate line item of the claim form, and are reimbursed on a max fee basis. Refer to procedure codes and descriptions listed in Table 3.
- Noncovered services effective October 16, 2003
  - Position (W5 modifier) – The IHCP will no longer allow additional units for positions other than supine or lithotomy.
  - 99186 – Total Body Hypothermia
  - 99190 – Extracorporeal Circulation
  - 99191 – Extracorporeal Circulation 3/4 hour
  - 99192 – Extracorporeal Circulation 1/2 hour

Table 2 – Physical Status Modifiers

| Modifier | Description | Elective |
|---|---|---|
| P1 | A normal healthy patient for an elective operation | 0.0 units |
| P2 | A patient with mild systemic disease | 0.0 units |
| P3 | A patient with severe systemic disease that limits activity but is not incapacitating | 1.0 units |
| P4 | A patient with a severe systemic disease that is a constant threat to life | 2.0 units |
| P5 | A moribund patient who is not expected to survive for 24 hours with or without the operation | 3.0 units |
| P6 | A declared brain-dead patient whose organs are being removed for donor purposes | 0.0 units |

Table 3 – Anesthesia CPT Codes That Must Be Billed With the AA Modifier

| CPT Code | Description |
|---|---|
| 36488 | Placement of central venous catheter |
| 36489 | Placement of central venous catheter, percutaneous, over age 2 |
| 36490 | Placement of central venous catheter, with cut down, age 2 or under |
| 36491 | Placement of central venous catheter, cutdown, over age 2 |
| 36620 | Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure) |
| 36625 | Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure), cutdown |
| 93503 | Swan-Ganz catheter |

(Continued)

Table 3 – Anesthesia CPT Codes That Must Be Billed With the AA Modifier

| CPT Code | Description |
|---|---|
| 99116 | Anesthesia complicated by utilization of total body hypothermia |
| 99183 | Physician attendance and supervision of hyperbaric oxygen therapy, per session |
| 99185 | Physician attendance and supervision of hyperbaric oxygen therapy, per session, hypothermia, regional |

## *Anesthesia Reimbursement*

Anesthesia CPT codes will have 2002 Relative Value Units (RVU) and price according to IHCP anesthesia methodology.

Anesthesia pricing calculation is as follows:

**Base Units + Time Units + Additional Units for age (if applicable) + additional units for physical status modifiers (as applicable) * Anesthesia conversion Factor = Anesthesia Reimbursement Rate**

**Additional reimbursement may be added to the rate if CPT codes for emergency (99140) or other qualifying circumstances are billed.**

## *Medical Direction and CRNA Billing Requirements*

Certified registered nurse anesthetists (CRNAs) must use anesthesia CPT codes and bill with the appropriate modifier. There is no change to the modifiers used for reporting of medical direction or CRNAs. These are national modifiers and remain in effect after HIPAA implementation on October 16, 2003. One of the anesthesia procedure code modifiers listed in Table 4 must be reported to identify services rendered by the CRNA and the anesthesiologist providing medical direction.

Table 4 – Anesthesia Procedure Code Modifiers for CRNA Providers

| Modifier | Description |
|---|---|
| AD | Medical supervision by a physician: more than four concurrent procedures |
| QK | Medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals |
| QX | CRNA service: with medical direction by a physician |
| QY | Medical direction of one CRNA by an anesthesiologist |
| QZ | CRNA service: without medical direction by a physician |

*Note: CRNA providers must use the same physical status modifiers that apply to the anesthesiologist.*

## *Anesthesia for Obstetrical Services*

Providers billing anesthesia services for obstetrical services must use the appropriate anesthesia CPT obstetric code for all claims with service dates on or after October 16, 2003. Other than use of the anesthesia CPT codes, there is no change in billing of obstetrical services.

*Note: One unit is allowed for each 15-minute period or fraction thereof with the exception of anesthesia for normal vaginal deliveries where one unit is allowed for each 60 minutes beginning with the second hour of anesthesia.*

Table 5 is a list of applicable obstetric anesthesia CPT codes.

Table 5 – Obstetric Anesthesia CPT Codes

| Anesthesia Code | Description |
|---|---|
| 01960 | Anesthesia for vaginal delivery only |
| 01961 | Anesthesia for cesarean delivery only |
| 01962 | Anesthesia for urgent hysterectomy following delivery |
| 01963 | Anesthesia for cesarean hysterectomy without any labor analgesia/anesthesia care |
| 01964 | Anesthesia for abortion procedures |
| 01967 | Neuraxial labor analgesia or anesthesia for planned vaginal delivery (this includes any repeat subarachnoid needle placement and drug injection and/or any necessary replacement of an epidural catheter during labor) |
| 01968 | Anesthesia for cesarean delivery following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed) |
| 01969 | Anesthesia for cesarean hysterectomy following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed) |

# Dental

Effective January 1, 2004, Current Dental Terminology (CDT) – 4 procedure codes must be used instead of CDT-3 codes. Dental providers can submit claims with CDT-3 procedure codes for dates of service through December 31, 2003. Effective October 16, 2003, dental providers will be required to use the ADA 2000 dental claim form for paper claim submission. CDT-3 codes can be used for dates of service through December 31, 2003. Providers must continue to use the ADA 2000 dental claim form and are required to use CDT-4 procedure codes for dates of service January 1, 2004, and after. After October 16, 2003, claims submitted on dental claim form other than the ADA 2000 dental claim form will be returned to providers for resubmission using the appropriate form.

Dental claims for RHCs and FQHCs should be billed on the ADA 2000 dental claim form using current dental terminology (CDT) codes. The T1015 encounter code should not be included on the dental claim form. Dental claims will be reconciled to the provider-specific PPS rate quarterly by Myers and Stauffer LC and settlements made at that time.

A separate bulletin will be published to address the following:

- CDT-3 codes that are end dated and have been cross walked to the CDT-4 codes
- Dental codes that will be reimbursed by using the tooth number
- Billing requirements for FQHC and RHC encounters
- Dental claim form (ADA 2000) billing instructions
- Multiple units on one service line

## *Complete and Partial Dentures*

Local codes for complete and partial dentures will be eliminated effective January 1, 2004.

Table 6 lists local procedure codes used to bill partials and dentures along with the crosswalked procedure codes for use with dates of service effective January 1, 2004, and after. Reimbursement rates for dentures and partials are determined by the age of the member. Indiana*AIM* obtains the age from the member's file.

Complete and partial dentures for members younger 21 years old do not require PA. Dentures for members 21 years old and older require PA. There are no changes to the rate of reimbursement for repairs and relines. Repairs and relines require PA and are only approved to extend the useful life of a prosthesis that is at least six years old.

Table 6 – Codes for Billing Partials and Dentures

| Local Procedure Codes | Description | Crosswalked Procedure Code |
|---|---|---|
| Z5027 | Complete dentures; maxillary ages 0-21 | D5110 – Complete denture – maxillary |
| Z5028 | Mandibular partial dentures, ages 0-21 | D5212 – Mandibular partial denture – resin base (including any conventional clasps, rests, and teeth) |
| Z5029 | Maxillary partial dentures, ages 0-21 | D5211 – Maxillary partial denture – resin base (including any conventional claps, rests, and teeth) |
| Z5030 | Complete dentures, mandibular ages 0-21 | D5120 – Complete denture – mandibular |
| Z5033 | Removable unilateral partial denture, one piece cast metal (including clasp and teeth), ages 0-21 | D5281 – Removable unilateral partial denture – one piece cast metal (including clasps and teeth) |
| Z5034 | Maxillary partial denture cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth), ages 0-21 | D5213 – Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth) |
| Z5035 | Mandibular partial denture cast metal framework with resin denture bases (including any conventional clasps, rest and teeth), ages 0-21 | D5214 – Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth) |
| Z5081 | Repair broken complete denture base | D5510 – Repair broken complete denture base |
| Z5082 | Replace broken or missing teeth complete denture, (each tooth) | D5520 – Replace missing or broken teeth – complete denture (each tooth) |
| Z5083 | Repair acrylic saddle or base | D5610 – Repair resin denture base |
| Z5084 | Repair cast framework | D5620 – Repair cast framework |
| Z5085 | Reline maxillary complete denture (laboratory) | D5750 – Reline complete maxillary denture (laboratory) |
| Z5086 | Reline mandibular complete denture (laboratory) | D5751 – Reline complete mandibular denture (laboratory) |
| Z5087 | Reline maxillary partial denture (laboratory) | D5760 – Reline maxillary partial denture (laboratory) |
| Z5088 | Reline mandibular partial denture (laboratory) | D5761 – Reline mandibular partial denture (laboratory) |
| Z5089 | Repair or replace broken clasp | D5630 – Repair or replace broken clasp |
| Z5090 | Replace broken teeth per tooth | D5640 – Replace broken teeth – per tooth |
| Z5091 | Add tooth to existing partial denture | D5650 – Add tooth to existing partial denture |
| Z5092 | Add clasp to existing partial denture tooth, involving clasp or abutment tooth | D5660 – Add clasp to existing partial denture |

# Durable Medical Equipment

Provider bulletin *BT200334* provided information about replacement codes for durable medical equipment (DME) services. Tables 7 and 8 list these codes. Providers should review bulletin *BT200334* for billing instructions for the following DME services:

- Apnea Monitors
- Trend Event Monitoring

Table 7 – Coding for Apnea Monitors

| Procedure Code | Description |
|---|---|
| E0618 RR | (Rental) Apnea monitor, without recording feature |
| E0618 NU | (Purchase) Apnea monitor, without recording feature |
| E0619 RR | (Rental) Apnea monitor, with recording feature |
| E0619 NU | (Purchase) Apnea monitor, with recording feature |

Table 8 – Coding for Trend Event Monitoring and Apnea Monitors

| Local Code | Description | Crosswalked Procedure Code | Description |
|---|---|---|---|
| X3005 | Trend Event Monitoring | E0619 | Apnea monitor, with recording feature |

## *Billing for Nonsterile Gloves*

Local code *Z5111 – Nonsterile gloves, each*, is end-dated and noncovered effective July 18, 2003. Providers should use HCPCS code *A4927 – Gloves, nonsterile, per 100*, for dates of service July 18, 2003, and after. Providers are reminded that code A4927 must not be used for billing gloves supplied for End-Stage Renal Disease (ESRD)/dialysis services. Reimbursement for these gloves is included in the payment for dialysis services. As stated in provider bulletin *BT200031*, non-sterile gloves will be reimbursed only when used by the patient, family, or other nonpaid caregiver. Providers cannot bill the IHCP for any amount that exceeds their usual and customary charge to the general public.

Providers should bill single nonsterile gloves in partial units by completing form locator 24G on the CMS-1500 claim form or *Service Unit Count, Data Element 380* on the 837P electronic transaction. The partial unit is billed by using the appropriate decimal indicator for the number of gloves used. For example, two gloves would be billed as 0.02, 40 gloves would be billed as 0.40, and so forth.

# Fee Schedule

The *IHCP Fee Schedule* has been updated to include the replacement level I CPT and level II HCPCS (national) procedure code/modifier/taxonomy code combinations and the associated reimbursement for each code or code combination.

The *IHCP Fee Schedule* is located on the IHCP Web site at http://www.indianamedicaid.com/and can be downloaded free of charge. The fee schedule is automatically updated each month or on demand. Instructions about reading the fee schedule are included on the Web site.

To obtain a paper copy of the *IHCP Fee Schedule*, send a check made payable to EDS for $43.00 to the following address:

**EDS Written Correspondence**
**P. O. Box 7263**
**Indianapolis, IN 46207-7263**

## Federally Qualified Health Centers

Effective April 1, 2003, the IHCP made significant changes in the method of filing claims and the reimbursement methodology for Federally Qualified Health Centers (FQHCs) and rural health clinics (RHCs). In accordance with the *Benefits Improvement and Protection Act (BIPA) of 2000* requirements, the IHCP implemented the Prospective Payment System (PPS) for reimbursing IHCP services. The PPS methodology is required for claims submitted with dates of service on or after April 1, 2003. Beginning April 1, 2003, all FQHC and RHC facilities are required to submit claims using HCPCS level II codes, including the current code *T1015 – Clinic, visit/encounter, all inclusive;* and level I and level II HCPCS procedure codes. FQHC and RHC providers will continue to receive a facility-specific PPS rate determined by Myers and Stauffer LC.

Myers and Stauffer LC sends the specific PPS rate information to the EDS Provider Enrollment Unit to load the rate for reimbursement of T1015 to the specific provider enrollment file.

## Home Health

Traditional Medicaid home health claims must be submitted using the *UB-92* claim form or the 837 Institutional (837I) electronic transaction. The *UB-92* claim form and 837I includes fields for reporting home health HCPCS procedure codes and modifiers. Effective January 1, 2004, providers are required to submit the services listed in Table 9 with the noted crosswalked procedure code/modifier combinations. Home health services submitted without the appropriate procedure code/modifier/taxonomy combination will deny.

Local home health codes are not valid for dates of service on or after January 1, 2004. All local codes will be end-dated and crosswalked to an appropriate HCPCS code. This allows consistent reimbursement and standardization in accordance with HIPAA guidelines. Only one procedure code can be listed per detail line. Some services require the provider to bill the procedure code/modifier/taxonomy combination.

The home health codes in Table 9 are applicable when billing by either paper or electronic measures. These combinations include the procedure code, revenue code, as well as the appropriate modifier when necessary.

> *Note: Providers are reminded that the unit of service for many of the home health codes has changed from one hour to 15 minutes. Providers will need to bill four units in the units field to indicate one hour.*

Table 9 – Home Health Local Code Crosswalk

| | |
|---|---|
| **Local Code W6503:** | Physical therapy – individual; by the unit; modalities not requiring use of capital equipment; 1 unit=1hour/PA is required if services extend beyond 30 days, see *405 IAC 5-22-8(3)* |
| **HCPCS Code to replace W6503 after December 31, 2003** | **Revenue Codes** |
| G0151 – Services of physical therapist in home health setting, each 15 minutes. | 420, 421, 422, 423, 424, 429 |
| **Description of W7402:** | Occupational therapy – by the unit – individual |
| **HCPCS Codes to replace W7402 after December 31, 2003** | **Revenue Codes** |
| G0152 – Services of occupational therapist in home health setting, each 15 minutes. | 430, 431, 432, 433, 434, 439 |
| **Description of W9083:** | Speech therapy, home health |
| **HCPCS Code to replace W9083 after December 31, 2003** | **Revenue Codes** |
| G0153 – Services of speech and language pathologist in home health setting, each 15 minutes | 440, 441, 442, 443, 444, 449 |
| **Description of X3069:** | Licensed practical nurse, hourly |
| **HCPCS Codes to replace X3069 after December 31, 2003** | **Revenue Code** |
| 99600 plus modifier TE<br>99600 – Unlisted home visit service or procedure<br>TE – LPN/LVN | 552 |
| **Description of Y0601:** | Skilled nursing, LPN, RN, by the hour |
| **HCPCS Code to replace Y0601 after December 31, 2003** | **Revenue Code** |
| 99600 plus modifier TD<br>99600 – Unlisted home visit service or procedure<br>TD – RN | 552 |
| **Description of Z5016:** | Home subcutaneous tocolytic infusion therapy using a home uterine monitoring device global package includes home uterine monitor, skilled nursing services, ambulatory infusion pump, tocolytic drugs, and all other supplies necessary for home therapy. |
| **HCPC Code to replace Z5016 after December 31, 2003** | **Revenue Code** |
| S9349 – Home infusion therapy, tocolytic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | 559 |
| **Description of Z5017:** | Home subcutaneous tocolytic infusion therapy using a home uterine monitoring device. Home uterine monitoring and skilled nursing components of therapy only |
| **HCPCS Code to replace Z5017 after December 31, 2003** | **Revenue Code** |
| 99553 – Home infusion for tocolytic therapy, per diem | 559 |
| **Description of Y0501:** | Home health assistant, nurse's assistant, orderly, by the hour |
| **HCPCS Code to replace Y0501 after December 31, 2003** | **Revenue Code** |
| 99539 – Home visit NOS (no modifier needed to indicate home health assistant) | 572 |

## Antepartum Care Policy

Prior to the implementation of HIPAA on October 16, 2003, the IHCP used expected date of delivery (EDD) in form locator 14 on the CMS-1500 to encourage timely and appropriate antepartum care. For dates of service on and after October 16, 2003, the IHCP will use the last menstrual period (LMP) date in form locator 14, on the CMS-1500 claim form or field 28 of the 837P electronic transaction.

### *Billing for Antepartum Visits*

For claims submitted prior to January 1, 2004, the IHCP uses local code modifiers to identify antepartum visits in each trimester. For claims submitted with dates of service on or after January 1, 2004, the IHCP will use Medicaid Level of Care HCPCS modifiers to identify antepartum visits in each trimester. One of the following modifiers must be billed in conjunction with CPT procedure code 59425, 59426, or 99201 through 99215 (if used for the first antepartum visit) with each specific date of service. The modifier is placed in the modifier space following the CPT code in form locator 24D of the CMS-1500 claim form. Table 10 lists modifiers for antepartum visits, CPT procedure codes 59425 and 59426. Prior to date of service of January 1, 2004, providers should follow current billing procedures as described in *Chapter 8* of the current *IHCP Provider Manual*.

Table 10 – Modifiers – Antepartum Visits, CPT Procedure Codes 59425, 59426

| Modifier | Description |
|---|---|
| U1 | Trimester one – 0 through 14 weeks, 0 days |
| U2 | Trimester two – 14 weeks, 1 day, through 28 weeks, 0 days |
| U3 | Trimester three – 28 weeks, 1 day, through delivery |

### *Salivary Estriol Test for Preterm Labor Risk Assessment*

Prior to January 1, 2004, the IHCP required that providers bill the salivary estriol test using local code Z5099, one unit per test. Modifier Z2, second trimester, or modifier Z3, third trimester, must be indicated on the physician's test order and on the claim.

For claims submitted with dates of service on or after January 1, 2004, the salivary estriol test must be billed using code S3652, one unit per test. Modifier U2, second trimester, or modifier U3, third trimester, must be indicated on the physician's test order and on the claim.

## Medicaid Rehabilitation Option

HCPCS procedure codes exist for billing the IHCP for Medicaid Rehabilitation Option (MRO) services. Only the designated HCPCS procedure codes can be used for billing MRO services. Careful attention must be paid to the unit of service increment for each procedure code.

The structure of the IHCP Community Mental Health Rehabilitation Service HCPCS procedure codes is described in this section. Table 11 lists the codes described in this section. Modifier HW-Funded by state mental health agency must be billed with all MRO services. Omission of modifier HW causes inappropriate reimbursement.

Table 11 – MRO Local Code Crosswalk

| Local Code | Description | Crosswalked Procedure Code/Modifier Combination | Description |
|---|---|---|---|
| X3040 | Outpatient diagnostic assessment/pre-hospitalization screening | H0031 HW | Mental health assessment, by non-physician. One unit equals one-quarter hour |
| X3042 | Individual counseling | H0004 HW | Behavioral health counseling and therapy, per 15 minutes |

(Continued)

Table 11 – MRO Local Code Crosswalk

| Local Code | Description | Crosswalked Procedure Code/Modifier Combination | Description |
|---|---|---|---|
| X3044 | Family counseling | H0004 HW and HS or HR | Behavioral health counseling and therapy. HR (family/couple w/client)<br>HS (family/couple w/o client) |
| X3045 | Group counseling | H0004 HW and HQ | Behavioral health counseling and therapy, per 15 minutes<br>HQ (group setting) |
| X3046 | Crisis intervention | H2011 HW | Crisis intervention service<br>One unit equals 15 minutes |
| X3047 | Medication/somatic treatment | H0033 HW | Oral medication administration, direct observation. |
| X3048 | Training in activities of daily living | H2014 HW | Skills training and development. One unit equals 15 minutes |
| X3049 | Partial hospitalization | H0035 HW | Mental health partial hospitalization, treatment, less than 24 hours |
| X3050 | Case management | T1016 HW | Case management, each 15 minutes |
| W9082 | Group training in activities of daily living | 97535 HW and HQ<br>97537 HW and HQ | Self-care/home management training<br>HQ (group setting)<br>Community/work reintegration training<br>HQ (group setting) |

## Transportation

Prior to January 1, 2004, the IHCP used local codes for many of the transportation services. For claims with dates of service on or after January 1, 2004, providers must use the appropriate crosswalked transportation procedure codes and modifiers as indicated in this bulletin. Modifiers are used throughout the transportation billing instructions.

### *Base Rate Transportation Codes*

Transportation base rate codes and base rate codes for an accompanying parent, assistant, additional attendant, and taxi have been cross-walked to level II national procedure codes and modifiers listed in Table 12. Providers must continue to follow billing instructions and indicate a service unit of **1**, with the base unit code to indicate a one-way trip and a service unit of **2**, to indicate a two-way trip in the units field, form locator 24G, on the CMS-1500 claim form, or *Data Element 380* on the 837P electronic transaction.

Table 12 – Transportation Crosswalked Procedure Code Combinations (Non-Waiver)

| Procedure Codes | Description | Crosswalked Procedure Code/Modifier Combination |
|---|---|---|
| X3028 | Commercial ambulatory service, base rate (van or automobile) | T2003 – Non-emergency transportation; encounter/trip<br>U9 – Base rate |

(Continued)

Table 12 – Transportation Crosswalked Procedure Code Combinations (Non-Waiver)

| Procedure Codes | Description | Crosswalked Procedure Code/Modifier Combination |
|---|---|---|
| X3030 | Commercial ambulatory service accompanying parent or attendant base rate | T2001 TK<br><br>T2001 – Non-emergency transportation; patient attendant/escort<br>TK – Extra patient or passenger, non-ambulance. |
| X3029 | Commercial ambulatory service, multiple passengers, base rate. | T2004 TT<br><br>T2004 – Non-emergency transport; commercial carrier, multi-pass<br>TT – Individualized service provided to more than one patient in same setting. |
| Y9001 | Wheelchair/non-ambulatory transportation service; base rate | A0130 – Non-emergency transportation: wheelchair van |
| X3039 | Wheelchair/non-ambulatory; accompanying parent or attendant | A0130 TK<br><br>A0130 – Non-emergency transportation: wheelchair van<br>TK – Extra patient or passenger, non-ambulance |
| Y9201 | Wheelchair/non-ambulatory; multiple passenger, base rate | A0130 TT<br>A0130 – Non-emergency transportation: wheelchair van<br>TT – Individualized service provided to more than one patient in same setting |
| A0380 | BLS mileage (per mile) | A02425 U2<br>A0425 – Ground mileage, per statue mile<br>U2 (BLS) |
| A0390 | ALS mileage (per mile) | A02425 U1<br>A0425 – Ground mileage, per statue mile<br>U1 (ALS) |
| X3031 | Taxi, rates non-regulated, 0-5 miles | A0100 – Non-emergency transportation: taxi (rate per mileage) |
| X3032 | Taxi, rates non-regulated, 6-10 miles | A0100 – Non-emergency transportation: taxi (rate per mileage) |
| X3033 | Taxi, rates non-regulated; 11 miles and up | A0100 – Non-emergency transportation: taxi (rate per mileage) |
| X3034 | Taxi, rates non-regulated; 0-5 miles, multiple passenger | A0100 TK<br><br>*Use the units field form locator 24G, on the CMS-1500 and the* Service Unit Count field, Data Element 380 *on the 837P to indicate the number of miles billed.*<br>A0100 – Rate per unit group, need PA as code combination<br>TK – Extra patient or passenger, non-ambulance |

(Continued)

Table 12 – Transportation Crosswalked Procedure Code Combinations (Non-Waiver)

| Procedure Codes | Description | Crosswalked Procedure Code/Modifier Combination |
|---|---|---|
| X3035 | Taxi, rates non-regulated; 0-5 miles, multiple passenger | A0100 TT<br>A0100 – Non-emergency transportation: taxi (rate per mileage)<br>Need PA as code combination<br>TT – Individualized service provided to more than one patient in same setting |
| X3036 | Taxi, rates non-regulated; 6-10 miles, accompanying parent/attendant | A0100 TK<br>*Use the units field form locator 24G, on the CMS-1500 and the* Service Unit Count field, Data Element 380 *on the 837P to indicate the number of miles billed.*<br>A0100 – Non-emergency transportation: taxi (rate per mileage)<br>Need PA as code combination<br>TK – Extra patient or passenger, non-ambulance |
| X3037 | Taxi, rates non-regulated; 6-10 miles multiple passenger | A0100 TT<br>A0100 – Non-emergency transportation: taxi (rate per mileage)<br>Need PA as code combination<br>TT – Individualized service provided to more than one patient in same setting |
| X3038 | Non-regulated taxi; accompanying parent or attendant for trip of 11 miles or more | A0100 TK<br>*Use the units field form locator 24G, on the CMS-1500 and the* Service Unit Count field, Data Element 380 *on the 837P to indicate the number of miles billed.*<br>A0100 – Non-emergency transportation: taxi (rate per mileage)<br>Need PA as code combination<br>TK – Extra patient or passenger, non-ambulance |
| Y9005 | Ambulance mileage through 99 miles | A0425 – Ground mileage, per statute mile<br>U1 – Level 1 (ALS)<br>U2 – Level 2 (BLS)<br>U3 – Level 3 (CAS) |
| Y9012 | Mileage for family member automobile transportation service (indicate number of miles) | A0090 – Non-emergency transportation, per mile-vehicle provided by individual (self, neighbor) with vested interest |
| Y9210 | Non-regulated taxi, multiple passenger, or trips 11 miles or more | A0100 TT<br>A0100 – Non-emergency transportation: taxi<br>(bill mileage)<br>TT – Individualized service provided to more than one patient in same setting |

(Continued)

Table 12 – Transportation Crosswalked Procedure Code Combinations (Non-Waiver)

| Procedure Codes | Description | Crosswalked Procedure Code/Modifier Combination |
|---|---|---|
| Y9805 | Ambulance mileage over 99 miles | A0425 – Ground mileage, per statute mile<br>U1 – ALS<br>U2 plus mileage |
| Y9806 | Mileage, remaining over 99 miles | A0425 – Ground mileage, per statute mile<br>Plus mileage<br>U3 – CAS |
| A0060 | Ambulance service, waiting time, one-half (1/2) hour increments | A0420 – Ambulance waiting time (ALS or BLS) one-half (1/2) hour increments<br>U1 – ALS<br>U2 – BLS |
| A0070 | Ambulance service, oxygen, administration and supplies, life sustaining situation | A0422 – Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation |
| Y9009 | Waiting time, one half-hour increments | T2007 – Transportation waiting time, air ambulance and non-emergency vehicle, one-half hour increments<br>U3 – Level 3 (CAS) |
| Z5023 | Additional attendant transportation | A0424 – Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review) |

*Note: PA approval for a base code includes both the base code/modifier combination and the multiple passenger procedure code/modifier that corresponds to the approved base code. In the event that last minute changes in scheduling modify the service from a single passenger to a multiple passenger, the provider must use the appropriate billing code and resubmit the PA request for an update*

## *Mileage*

Prior to January 1, 2004, the IHCP used local procedure codes to indicate mileage. These codes indicate the mileage in the description of the codes. For dates of service on or after January 1, 2004, the procedure codes in Tables 12 and 13 will be used to indicate mileage. Table 13 is an example of taxi mileage codes. The mileage is no longer indicated in the description of the procedure code. Providers must indicate the number of miles in the units field, form locator 24G on the CMS-1500 claim form or *Service Unit Count, Data Element 380* on the 837P electronic transaction.

Table 13 – Example of Mileage Procedure Codes for Taxies

| Procedure Codes | Description | Crosswalked Procedure Code Combination |
|---|---|---|
| X3031 | Taxi, rates non-regulated, 0-5 miles | A0100 – Non-emergency transportation; taxi<br>Rate determined by mileage<br>Provider must bill the number of miles traveled in the units field |
| X3032 | Taxi, rates non-regulated, 6-10 miles | A0100 – Non-emergency transportation, taxi<br>Rate determined by mileage<br>Provider must bill the number of miles traveled in the units field |

(Continued)

Table 13 – Example of Mileage Procedure Codes for Taxies

| Procedure Codes | Description | Crosswalked Procedure Code Combination |
|---|---|---|
| X3033 | Taxi, rates non-regulated, 11 miles and up | A0100 – Non-emergency transportation, taxi<br>Rate determined by mileage<br>Provider must bill the number of miles traveled in the units field |

*Note: Use a **1** with the base unit code to indicate a one-way trip in the units field, form locator 24G, on the CMS-1500 claim form, or* Service Unit Count, Data Element 380 *on the 837P electronic transaction, and use a **2** to indicate a two-way trip. The transportation modifiers must be used to indicate the place of origin and destination for each service.*

## Vision Services – Adoption of Modifiers for Replacement Eyeglasses

There is no change in the procedure codes billed for vision services; however, there is a change in the modifiers used to describe claims for replacement lenses or frames and for members who have had a diopter change. Use of modifier SC indicates a diopter change and modifier RP a replacement. Use of either modifier indicates that the appropriate documentation is on file in the patient's record to substantiate the claim.

For claims submitted for dates of services on or after January 1, 2004, HCPCS level II modifier RP must be used when billing claims for replacement lenses or frames for members whose eyeglasses have been lost, stolen, or broken beyond repair.

Modifier SC must be used when billing claims for members who have had a diopter change that necessitates replacement of eyewear in excess of the established frequency limitations.

## Waiver Codes

HCPCS procedure codes exist for billing the IHCP for waiver services. Only the designated HCPCS procedure code/modifier/taxonomy combinations can be used when billing for waiver services. Careful attention must be paid to the modifiers and taxonomy codes that must be billed with the HCPCS procedure. Refer to Table 15 for the correct waiver procedure code/modifier/taxonomy combination for waiver services billed.

Providers must now use modifier U7 for **all** waiver services. Modifier U7 should be the first modifier indicated on the service line. Omitting modifier U7 causes inappropriate reimbursement. Modifier U7 is used even if there are other modifiers used in the procedure code/modifier combination to describe the services. Table 14 provides an example.

Table 14 – Waiver Modifier Example

| Procedure Codes | Description | Crosswalked Procedure Code/Modifier Combination |
|---|---|---|
| Z5156 | Music therapy – .25 hr = 1 unit | H2032 U7 U1<br>H2032 – Activity therapy, per 15 minutes<br>U7 – Waiver<br>U1 – Music therapy |

The procedure code/modifier/taxonomy combinations listed in Table 15 are the only acceptable codes to use for billing waiver services. Procedure codes for the following waiver types are listed in Table 15:

- AD – Aged and Disabled
- DD – Developmental Disabilities
- Autism
- MFC – Medically Fragile Children
- TBI – Traumatic Brain Injury
- AL – Assisted Living
- SS – Support Services

## *Waiver Description Changes*

The IHCP cross walked all waiver services to level I CPT or level II HCPCS codes. Providers must use only the procedure code/modifier/taxonomy combinations described in Table 15 for billing waiver services. Although the exact wording of a local code may be somewhat different from the crosswalked code, the definition of covered waiver services has not changed.

## *Waiver Unit of Service Changes*

Due to the elimination of local codes, some replacement codes for waiver local codes have caused a change in the unit of service that was previously described by the waiver local code. Providers should review the HCPCS code/modifier/taxonomy column in Table 15 for services with a unit of service change.

## *Use of Modifiers for Waiver Services*

Modifiers are used extensively with waiver services. **All** waiver services must be billed using modifier U7. When billed with certain HCPCS level I CPT or level II HCPCS codes, U7 is used to designate the service billed as a waiver service. Omission of the U7 modifier can result in payment denial or an incorrect payment. Table 15 contains billing instructions about using modifiers for waiver services.

## *Paying by Waiver Level of Care*

The IHCP reimburses certain services according to the waiver program in which the member is enrolled. Providers do not have to indicate the member's waiver program because Indiana*AIM* reads this from the member's file. Providers must bill the appropriate code on the CMS-1500 claim form or with the 837P electronic transaction along with any modifier/taxonomy requirements.

Table 15 – Waiver Procedure Code/Modifier/Taxonomy Combination and Table 16 – Crosswalked Local Codes Effective January 1, 2004, provide coding information and should be reviewed carefully.

Table 15 – Waiver Procedure Code/Modifier/Taxonomy Combination

| Local Code | Local Code Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate | AD | DD | Autism | MFC | TBI | AL | SS |
|---|---|---|---|---|---|---|---|---|---|---|
| W9078 | ICF/MR – Community residential facility/developmental disability annual resident review | End date | NA | | | | | | | |
| W9097 | Per diem for TBI patients | End date | NA | | | | | | | |
| X3008 | Attendant care/personal assistance/resid. Care/comm. resid. services (DDARS-ILS) | End date | NA | | | | | | | |
| X3009 | Residential HAB | End date | NA | | | | | | | |
| X3010 | Home based habilitation | End date | NA | | | | | | | |
| X3011 | Pre-vocational services (1/4 hour=1 unit) | T2015 – Habilitation: Prevocational, waiver per hour<br>U7 – Waiver | $4.80 | | X | X | | | | X |
| X3012 | Supported employment (1/4 hour=1 unit) | H2023 – Supported employment, per 15 minutes<br>U7 – Waiver | $9.17 | | X | X | | X | | X |
| X3013 | Adaptive aids/devices/other/assistive technology/spec. medical equipment/supplies, initial | T2029 – Specialized medical equipment, not otherwise specified, waiver<br>NU – New equipment<br>U7 – Waiver | Manual pricing | X | X | X | | X | | X |
| X3014 | Adaptive aids/devices/other assistive technology/spec. medical equipment/supplies maintenance | T2029 – Specialized medical equipment, not otherwise specified, waiver<br>RP – Replacement and repair<br>U7 – Waiver | Manual pricing | X | X | X | | X | | X |

Table 15 – Waiver Procedure Code/Modifier/Taxonomy Combination

| Local Code | Local Code Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate | AD | DD | Autism | MFC | TBI | AL | SS |
|---|---|---|---|---|---|---|---|---|---|---|
| X3015 | Occupational therapy (HHA) (1/4 hour=1 unit) | 97010, 97012, 97014, 97016, 97018, 97020, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97139, 97140, 97150, 97504, 97520, 97530, 97532, 97533, 97535, 91537, 97542, 97601, 97602, 97703, 97750, 97799<br>1 unit=1/4 hr.<br>U7 – Waiver<br>UA – Provider<br>225X00000X – Occupational therapist taxonomy | $17.99 | | X | X | | X | | X |
| X3016 | Occupational therapy (IDDARS HAB agency/other) (1/4 hour=1 unit) | End date | NA | | | | | | | |
| X3017 | Physical therapy (HHA) (1/4 hour=1 unit) | 97010, 97012, 97014, 97016, 97018, 97020, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97139, 97140, 97150, 97504, 97520, 97530, 97532, 97533, 97535, 91537, 97542, 97601, 97602, 97703, 97750, 97799<br>1 unit=1/4 hr<br>U7 – Waiver<br>UA – Provider<br>225100000X – Physical therapist taxonomy | $18.12 | | X | X | | X | | X |
| X3018 | Physical therapy (HHA) (1/4 hour=1 unit) (IDDARS HAB agency/other) (1/4 hour=1 unit) | End date | NA | | | | | | | |

Table 15 – Waiver Procedure Code/Modifier/Taxonomy Combination

| Local Code | Local Code Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate | AD | DD | Autism | MFC | TBI | AL | SS |
|---|---|---|---|---|---|---|---|---|---|---|
| X3019 | Environmental modification – initial | S5165 – Home modifications, per service<br>U7 – Waiver<br>NU – New equipment | Manual pricing | | X | X | X | X | | |
| | | T2039 – Vehicle modifications, waiver; per service (use for assessment)<br>U7 – Waiver | Manual pricing | | X | X | X | X | | |
| X3020 | Environmental modification – maintenance | S5165 – Home modifications, per service<br>U7 – Waiver<br>RP – Replacement and repair | Manual pricing | | X | X | X | X | | |
| X3022 | Respite – hospital care | End date | NA | | | | | | | |
| X3064 | Residential based habilitation/ADL training/independent living skills (1/4 hour=1 unit) | 97535 – Self-care/home management training (e.g. activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of adaptive equipment) direct one-on-one contact by provider, each 15 minutes.<br>U7 – Waiver | $6.99 | | | | | X | | |
| Z5014 | Case management (ICF/MR Waiver) (1/4 hour=1 unit) | End Date | NA | | | | | | | |
| Z5015 | Case management (Medically Fragile Children's Waiver) (1/4 hour=1 unit) | T1016 – Case management<br>U7 – Waiver | $9.19 | | | | X | | | |
| Z5022 | Supported living services (1 day=1 unit) | End date | NA | | | | | | | |

Table 15 – Waiver Procedure Code/Modifier/Taxonomy Combination

| Local Code | Local Code Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate | AD | DD | Autism | MFC | TBI | AL | SS |
|---|---|---|---|---|---|---|---|---|---|---|
| Z5024 | Family, caregiver training (1/4 Hour=1 unit) | S5111 – Home care training, family, per session | Manual pricing | | X | X | | | | X |
| | | S5116 – Home care training, non-family; per session<br>U7 – Waiver | Manual pricing | | X | X | | | | |
| Z5075 | Supported daily living level 2 (1 day=1 unit) | End date | NA | | | | | | | |
| Z5076 | Personal care service (1 hour=1 unit) | End date | NA | | | | | | | |
| Z5077 | Companion care (1 hour = 1 unit) | End date | NA | | | | | | | |
| Z5078 | Respite/personal care service (1 hour=1 unit) | End date | NA | | | | | | | |
| Z5079 | Respite/companion care (1 hour=1 unit) | End date | NA | | | | | | | |
| Z5080 | Case management (traumatic brain injury) (1/4 hour=1 unit) | T1016 – Case management<br>U7 – Waiver | $9.21 | | | | | X | | |
| Z5112 | Initial DD waiver diagnostic and evaluation, 1 unit=1 evaluation | End date | NA | | | | | | | |
| Z5113 | Initial waiver psychiatric evaluation | End date | NA | | | | | | | |
| Z5114 | Adult Day Services (ADS) level 1 – basic, 1 unit=1/2 day; 1/2 day=at least 3 but less than 5 hrs maximum of 8 hours/day, maximum of 2 units/day, code may be combined with Z5115 for a max. of 12 hrs/day | S5101 – Day care services, adult; per half day<br>U7 – Waiver<br>U1 – Level 1 | $20.90 | X | X | X | | X | | X |

Table 15 – Waiver Procedure Code/Modifier/Taxonomy Combination

| Local Code | Local Code Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate | AD | DD | Autism | MFC | TBI | AL | SS |
|---|---|---|---|---|---|---|---|---|---|---|
| Z5115 | ADS level 1, 1 unit=1/4 hour, maximum of 16 units/day, maximum 4 hours/day, code may be combined with Z5114 for a max of 12 hrs/day | S5100 – Day care Services, adult, per 15 mins<br>U7 – Waiver<br>U1 – Level 1 | $1.31 | X | X | X | | X | | X |
| Z5116 | ADS level 2, 1 unit=1/2day, 1/2 day=at least 3 but less than 5 hours, maximum of 8 hours/day, maximum of 2 units/day, code may be combined with Z5117 for a max of 12 hours/day | S5101 – Day care services, adult; per half day<br>U7 – Waiver<br>U2 – Level 2 | $27.43 | X | X | X | | X | | X |
| Z5117 | ADS level 2, 1 unit=1/4 hour, maximum of 16 units/day, maximum 4 hours/day, code may be combined with Z5116 for a max of 12hours/day | S5100 – Day care services, adult; per 15 minutes<br>U7 – Waiver<br>U2 – Level 2 | $1.71 | X | X | X | | X | | X |
| Z5118 | ADS level 3, 1 unit = 1/2 day, 1/2 day=at least 3 but less than 5 hours, maximum of 8 hours/day, maximum of 2 units/day, code may be combined with Z5119 for a max of 12 hours/day | S5101 – Day care services, adult; per half day<br>U7 – Waiver<br>U3 – Level 3 | $32.66 | X | X | X | | X | | X |
| Z5119 | ADS level 3, intensive 1 unit=1/4 hour, max of 16 units/day, max 4 hrs/day, code may be combined with Z5118 for a max of 12 hrs/day | S5100 – Day care services, adult; per 15 minutes<br>U7 – Waiver<br>U3 – Level 3 | $2.04 | X | X | X | | X | | X |
| Z5120 | ADS transportation 1 unit=one-way trip | T2003 – Non-emergency transportation encounter/trip<br>U7 – Waiver | $16.25 | X | X | X | | X | | X |

Table 15 – Waiver Procedure Code/Modifier/Taxonomy Combination

| Local Code | Local Code Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate | AD | DD | Autism | MFC | TBI | AL | SS |
|---|---|---|---|---|---|---|---|---|---|---|
| Z5123 | Assisted living level 1 (1 unit of service – per diem) | T2031 Assisted living, waiver; per diem<br>U7 – Waiver<br>U1 – Level 1 | $36.56 | X | | | | | X | |
| Z5124 | Assisted living level 2 (1 unit of service – per diem) | T2031 Assisted living, waiver; per diem<br>U7 – Waiver<br>U2 – Level 2 | $43.64 | X | | | | | X | |
| Z5125 | Assisted living level 3 (1 unit – per diem) | T2031 Assisted living, waiver; per diem<br>U7 – Waiver<br>U3 – Level 3 | $50.73 | X | | | | | X | |
| Z5126 | Assisted living level 4 (1 unit – per diem) | End date | NA | | | | | | | |
| Z5127 | Assisted living level 5 (1 unit – per diem) | End date | NA | | | | | | | |
| Z5128 | Adult foster care level 1 (1 unit per diem) | S5140 – Foster care, adult; per diem<br>U7 – Waiver<br>U1 – Level 1 | $24.72 | X | | | | | | |
| Z5129 | Adult foster care level 2 (1 unit per diem) | S5140 – Foster care, adult; per diem<br>U7 – Waiver<br>U2 – Level 2 | $31.50 | X | | | | | | |
| Z5130 | Adult foster care level 3 (1 unit per diem) | S5140 – Foster care, adult; per diem<br>U7 – Waiver<br>U3 – Level 3 | $38.28 | X | | | | | | |
| Z5131 | Adult foster care level 4 (1 unit per diem) | End date | NA | | | | | | | |

Table 15 – Waiver Procedure Code/Modifier/Taxonomy Combination

| Local Code | Local Code Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate | AD | DD | Autism | MFC | TBI | AL | SS |
|---|---|---|---|---|---|---|---|---|---|---|
| Z5132 | Adult foster care level 1 (1 unit per diem) | End date | NA | | | | | | | |
| Z5138 | Respite in ADS Level 3 – Intensive 1 Unit=1/4 hour, maximum of 16 units/day, maximum 4 hrs/day, code may be combined with Z5137 for a max of 12 hrs/day | End date | NA | | | | | | | |
| Z5139 | Transportation for respite in ADS 1 unit=one-way trip | End date | NA | | | | | | | |
| Z5142 | Waiver transportation | T2004 – Non-emergency transportation; commercial carrier, multi-passenger<br>U7 – Waiver<br>U2 – Assisted | Manual pricing<br>DD - cap of $300per month | | X | X | | X | | |
| Z5143 | Health care coordination | T2022 Case management; per month<br>U7 – Waiver<br>U1 – Level 1<br>U2 – Level 2<br>U3 – Level 3<br>U4 – Level 4 | U1= $48.06<br>U2= $96.12<br>U3= $144.18<br>U4= $192.24 | | X | X | | X | | X |
| Z5144 | Home mod/specialized medical equipment supplies assessment/inspection/training .25 hr=1 unit | T1028 – Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs.<br>Short description – Home environment (assessment)<br>U7 – Waiver | $17.99 | | X | X | | | | X |
| Z5146 | Psychological therapy – individual, .25 hr=1 unit | 90804 – 90815<br>U7 – Waiver | $15.45 | | X | X | | | | X |

Table 15 – Waiver Procedure Code/Modifier/Taxonomy Combination

| Local Code | Local Code Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate | AD | DD | Autism | MFC | TBI | AL | SS |
|---|---|---|---|---|---|---|---|---|---|---|
| Z5147 | Psychological therapy – family, .25 hr=1 unit | 90846 – 90849<br>U7 – Waiver | $17.27 | | X | X | | | | X |
| Z5148 | Psychological therapy – group, .25 hr=1 unit | 90853 – 90857<br>U7 – Waiver | $4.81 | | X | X | | | | X |
| Z5149 | Nutritional counseling, .25 hr=1 unit | S9470 – Nutritional counseling<br>U7 – Waiver | $14.47 | | X | X | | | | X |
| Z5156 | Music therapy, .25 hr=1 unit | H2032 – Activity therapy, per 15 minutes<br>U7 – Waiver<br>U1 – Music therapy | $10.78 | | X | X | | | | X |
| Z5157 | Recreational therapy, .25 hr =1 unit | H2032 – Activity therapy, per 15 minutes<br>U7 – Waiver<br>U2 – Recreational therapy | $10.78 | | X | X | | | | X |
| Z5158 | Community educational/therapeutic activity, 1 hr=1 unit | H0023 – Behavioral health outreach service (planned approach to reach a targeted population)<br>1 unit = 1 activity<br>U7 – Waiver | Manual pricing<br>$2,000.00 max per yr. | | X | X | | | | X |
| Z5159 | Specialized medical equipment supplies Assessment/inspection/training, .25 hr=1 unit | End date | NA | | | | | | | |
| Z5160 | Rent and food expenses of unrelated live-in caregiver, 1 hr=1 unit | T2025 – Waiver services; not otherwise specified (NOS)<br>U7 – Waiver<br>1 unit = 1 month | Manual pricing | | X | X | | | | |

Table 15 – Waiver Procedure Code/Modifier/Taxonomy Combination

| Local Code | Local Code Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate | AD | DD | Autism | MFC | TBI | AL | SS |
|---|---|---|---|---|---|---|---|---|---|---|
| Z5161 | Community habilitation and participation – home based, individual – QMRP, 1 hr=1 unit | End date | NA | | | | | | | |
| Z5162 | Community habilitation and participation – home based, individual – other staff, 1 hr=1 unit | End date | NA | | | | | | | |
| Z5163 | Community habilitation and participation – community based, individual, 1 hr=1 unit | T2021 – Day habilitation, waiver; per 15 minutes<br>U7 – Waiver | $6.90 | | X | X | | | | X |
| Z5164 | Community habilitation and participation – community based, group, 1 hr=1 unit | T2021 – Day habilitation, waiver; per 15 minutes<br>U7 – Waiver<br>HQ – Group settings | $1.67 | | X | X | | | | X |
| Z5165 | Community habilitation and participation – facility based, individual, 1 hr=1 unit | T2021 – Day habilitation, waiver; per 15 minutes<br>U7 – Waiver<br>UA – Provider | $6.90 | | X | X | | | | X |
| Z5166 | Community habilitation and participation – facility based, group, 1 hr=1 unit | T2021 – Day habilitation, waiver; per 15 minutes<br>U7 – Waiver<br>UA – Provider<br>HQ – Group setting | $1.34 | | X | X | | | | X |
| Z5167 | Residential habilitation and support – agency based, 1 hr=1 unit | End date | NA | | | | | | | |
| Z5168 | Residential habilitation and support – home based, QMRP, 1 hr =1 unit | End date | NA | | | | | | | |

Table 15 – Waiver Procedure Code/Modifier/Taxonomy Combination

| Local Code | Local Code Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate | AD | DD | Autism | MFC | TBI | AL | SS |
|---|---|---|---|---|---|---|---|---|---|---|
| Z5169 | Residential habilitation and support – home based, other staff, 1 hr=1 unit | End date | NA | | | | | | | |
| Z5170 | Residential habilitation and support – fewer than 35 hours per week, 1 hr=1 unit | T2017 – Habilitation, residential, waiver; per 15 minutes<br>U7 – Waiver | $4.88 | | X | X | | | | |
| Z5171 | Residential habilitation and support – QMRP, fewer than 35 hours per week, 1 hr=1 unit | T2017 – Habilitation, residential, waiver; per 15 minutes<br>U7 – Waiver<br>TF – Intermediate level of care | $6.13 | | X | X | | | | |
| Z5172 | Residential habilitation and support – 35 plus hours per week | T2017 – Habilitation, residential, waiver; per 15 minutes<br>U7 – Waiver<br>TG – Complex, high tech. level of care | $4.40 | | X | X | | | | |
| Z5173 | Driver (agency) 1 person | End date | NA | | | | | | | |
| Z5174 | Driver (agency) 2-4 people | End date | NA | | | | | | | |
| Z5175 | Driver (agency) 5-8 people | End date | NA | | | | | | | |
| Z5176 | Driver (agency) 9 or more | End date | NA | | | | | | | |
| Z5177 | Crisis intervention, 1 day=1 unit | T2034 – Crisis intervention, waiver; per diem<br>U7 – Waiver | Manual pricing | | X | X | | | | X |
| Z5178 | Residential habilitation and support daily rate, 1 day=1 unit | T2016 – Habilitation, residential, waiver; per diem<br>U7 – Waiver | Manual pricing | | X | X | | | | |

Table 15 – Waiver Procedure Code/Modifier/Taxonomy Combination

| Local Code | Local Code Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate | AD | DD | Autism | MFC | TBI | AL | SS |
|---|---|---|---|---|---|---|---|---|---|---|
| Z5181 | Adult foster care level 1, 1 unit=1 month | S5141 – Foster care, adult; per month<br>U7 – Waiver<br>U1 – Level 1 | $1,500.00 | | X | X | | | | |
| Z5182 | Adult foster care level 2, 1 unit=1 month | S5141- Foster dare, adult; per month<br>U7 – Waiver<br>U2 – Level 2 | $2,250.00 | | X | X | | | | |
| Z5183 | Adult foster care level 3, 1 unit=1 month | S5141 – Foster care, adult; per month<br>U7 – Waiver<br>U3 – Level 3 | $3,000.00 | | X | X | | | | |
| Z5184 | Independence assistance services – tier 1, 1 unit=1 Month | T2017 – Habilitation, residential, waiver; per 15 minutes<br>U7 – Waiver<br>U1 – Level 1 | $750.00 | | X | X | | | | |
| Z5185 | Independence assistance services – tier 2, 1 unit=1 month | T2017 – Habilitation, residential, waiver; per 15 minutes<br>U7 – Waiver<br>U2 – Level 2 | $1,000.00 | | X | X | | | | |
| Z5186 | Community transition, 1 unit | T2038 – Community transition, waiver; per service<br>U7 – Waiver | $1,000.00 lifetime max. | X | X | X | | | | |
| Z5187 | PCP/ISP facilitation, initial, 1 unit | T2024 – Service assessment/plan of care development, waiver<br>1 unit=15 minutes<br>U7 – Waiver | $9.86 * | | X | X | | | | X |

Table 15 – Waiver Procedure Code/Modifier/Taxonomy Combination

| Local Code | Local Code Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate | AD | DD | Autism | MFC | TBI | AL | SS |
|---|---|---|---|---|---|---|---|---|---|---|
| Z5188 | PCP/ISP facilitation, ongoing, 1 unit | T2024 – Service assessment/plan of care development, waiver<br>1 unit=15 minutes<br>U7 – Waiver<br>TS – Follow-up service | $9.56 * | | X | X | | | | X |
| Z5191 | Congregate care level 1 | T2033 – Residential care, not otherwise specified (NOS), waiver; per diem<br>U7 – Waiver<br>U1 – Level 1 | $24.49 | X | | | | | | |
| Z5192 | Congregate care level 2 | T2033 – Residential care, not otherwise specified (NOS), waiver; per diem<br>U7 – Waiver<br>U2 – Level 2 | $29.23 | X | | | | | | |
| Z5193 | Congregate care level 3 | T2033 – Residential care, not otherwise specified (NOS), waiver; per diem<br>U7 – Waiver<br>U3 – Level 3 | $33.98 | X | | | | | | |
| Z5194 | Pest control | T2025 – Waiver services; not otherwise specified (NOS)<br>U7 – Waiver<br>U1 – Pest control | $600.00 | X | | | | | | |
| Z5195 | Waiver transportation level 1, non-assisted | T2004 – Non-emergency transportation; commercial carrier, multi-pass<br>U7 – Waiver<br>U1 – Level 1 (non-assisted) | $150/month – cap | X | X | X | | X | | |

Table 15 – Waiver Procedure Code/Modifier/Taxonomy Combination

| Local Code | Local Code Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate | AD | DD | Autism | MFC | TBI | AL | SS |
|---|---|---|---|---|---|---|---|---|---|---|
| Z5196 | Waiver transportation, <24 hrs, residential, 1st round trip/day | T2004 – Non-emergency transportation; commercial carrier, multi-pass<br>U7 – Waiver<br>U3 – Level 3 (1st round trip for <24 hr care) | $8.91/round trip<br>$276.21/month – cap<br>31 days max | | X | X | | | | |
| Z5197 | Waiver transportation <24 hrs residential care, 2nd trip/day | T2004 – Non-emergency transportation; commercial carrier, multi-pass<br>U7 – Waiver<br>U4 – Level 4 (2nd round trip for residential care) | $2.00/round trip<br>$62.00/month – cap<br>31 days max | | X | X | | | | |
| Z5198 | Waiver transportation, 1st trip/day service | T2004 – Non-emergency transportation; commercial carrier, multi-pass<br>U7 – Waiver<br>U6 – Level 6 (1st round trip/day services) | $8.91/round trip<br>$204.93/month – cap<br>23 days max | | X | X | | | | X |
| Z5199 | Waiver transportation, 2nd trip/day service | T2004 – Non-emergency transportation; commercial carrier, multi-pass<br>U7 – Waiver<br>U8 – Level 8 (2nd round trip/day service) | $2.00/round trip<br>$46.00/month – cap<br>23 days max | | X | X | | | | X |
| Z5600 | Case management services, aged and disabled, 1/4 hour=1 unit | T1016 – Case management<br>U7 – Waiver | $9.21 | X | | | | | X | |
| Z5603 | Homemaker (HHA/HSA), 1 hour=1 unit | S5130 – Homemaker, NOS, each 15 mins.<br>U7 – Waiver<br>UA – Provider | $3.00 | X | | | | X | | |
| Z5604 | Attendant care/personal assistance (HHA/HSA) resid. care/comm. resid. services, 1 hour=1 unit | S5125 – Attendant care services, per 15 minutes<br>UA – Provider<br>U7 – Waiver | $4.00 | X | | | X | X | | |

Table 15 – Waiver Procedure Code/Modifier/Taxonomy Combination

| Local Code | Local Code Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate | AD | DD | Autism | MFC | TBI | AL | SS |
|---|---|---|---|---|---|---|---|---|---|---|
| Z5605 | Respite/homemaker (HHA/HSA), 1 hour=1 unit | S5150 – Unskilled respite care, not hospice; each 15 minutes<br>U7 – Waiver<br>UA – Provider<br>376J00000X – Homemaker taxonomy | $3.00 | X | | | | X | | |
| Z5606 | Respite/attendant care/personal assistance/resid. care/comm. resid. services, 1 hour=1 unit | S5150 – Unskilled respite care, not hospice; each 15 minutes<br>UA – Provider<br>U7 – Waiver<br>3747P1801X – Personal care attendant taxonomy | $4.00 | X | X | X | X | X | | X |
| Z5607 | Respite/home health aide (HHA), 1 hour=1 unit | S5150 – Unskilled respite care, not hospice; each 15 minutes<br>UA – Provider<br>U7 – Waiver<br>374U00000X – Home health aide taxonomy | $4.00 | X | X | X | X | X | | X |
| Z5608 | Respite/LPN (HHA), 1 hour=1 unit | End date | NA | | | | | | | |
| Z5609 | Respite Nursing, 1 hour=1 unit | T1005 – Respite care services, up to 15 minutes<br>U7 – Waiver<br>UA – Provider<br>TD – RN<br>TE - LPN<br>The provider should submit the rate consistent with the cargiver (RN or LPN). | RN - $7.79<br>LPN – $5.91 | X | X | X | X | X | | X |

Table 15 – Waiver Procedure Code/Modifier/Taxonomy Combination

| Local Code | Local Code Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate | AD | DD | Autism | MFC | TBI | AL | SS |
|---|---|---|---|---|---|---|---|---|---|---|
| Z5610 | Respite/NF, per diem | H0045 – Respite care services, not in the home, per diem<br>U7 – Waiver | Manual pricing | X | | | X | X | | |
| Z5611 | Aged/Disabled Waiver, respite care/SNF, per diem | End date | NA | | | | | | | |
| Z5615 | Aged/Disabled Waiver, respite/intermediate care facility, ancillary | End date | NA | | | | | | | |
| Z5616 | Aged/Disabled Waiver, respite/skilled nursing facility, ancillary | End date | NA | | | | | | | |
| Z5620 | Personal emergency response system, monthly charge=1 unit | S5161 – Emergency response system (ERS); per month service fee<br>U7 – Waiver | $52.07 | X | X | X | | X | | X |
| Z5621 | Aged/Disabled Waiver, direct selection communication | End date | NA | | | | | | | |
| Z5622 | Aged/Disabled Waiver, scanning communicator | End date | NA | | | | | | | |
| Z5623 | Aged/Disabled Waiver, encoding communicator | End date | NA | | | | | | | |
| Z5624 | Aged/Disabled Waiver, speech amplifier | End date | NA | | | | | | | |
| Z5625 | Aged/Disabled Waiver, electronic speech device | End date | NA | | | | | | | |
| Z5626 | Aged/Disabled Waiver, standing board/frames | End date | NA | | | | | | | |
| Z5627 | Aged/Disabled Waiver, adaptive switch device | End date | NA | | | | | | | |

Table 15 – Waiver Procedure Code/Modifier/Taxonomy Combination

| Local Code | Local Code Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate | AD | DD | Autism | MFC | TBI | AL | SS |
|---|---|---|---|---|---|---|---|---|---|---|
| Z5628 | Aged/Disabled Waiver, meal preparation aid/appliance | End date | NA | | | | | | | |
| Z5629 | Aged/Disabled Waiver, specialty adapted locks | End date | NA | | | | | | | |
| Z5635 | Home modification, initial | S5165 – Home modifications, per service<br>U7 – Waiver<br>NU – New equipment<br>T2039 Vehicle modifications, waiver; per service<br>U7 – Waiver | Manual pricing<br><br><br><br>Manual pricing | X<br><br><br><br>X | | | | | | | |
| Z5640 | Home modification, maintenance | S5165 – Home modifications per service<br>U7 – Waiver<br>RP – Replacement and repair | Manual pricing | X | | | | | | |
| Z5645 | Adult day care services, 1 hour=1 unit | End Date | NA | | | | | | | |
| Z5650 | Home delivered meals, 1 meal=1 unit | S5170 – Home delivered meals, including preparation, each meal<br>U7 – Waiver | $4.69 | X | | | | | | |
| Z5652 | Homemaker, non-agency, 1 hour=1 unit) | S5130 – Homemaker, separate service, NOS; per 15 minutes<br>U7 – Waiver | $2.18 | X | | | | X | | |
| Z5653 | Attendant care/personal assistance/resid. care/comm resid. services, non-agency, 1 Hour=1 unit | S5125 – Attendant care services, per 15 minutes<br>U7 – Waiver<br>UA – Provider | $2.45 | X | | | X | X | | |

Table 15 – Waiver Procedure Code/Modifier/Taxonomy Combination

| Local Code | Local Code Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate | AD | DD | Autism | MFC | TBI | AL | SS |
|---|---|---|---|---|---|---|---|---|---|---|
| Z5654 | Respite/homemaker, non-agency, 1 hour=1 unit) | S5150 – Unskilled respite care, not hospice, each 15 minutes | $2.18 | X | | | | X | | |
| Z5655 | Respite/attendant care/personal assistance, non-agency, 1 hour=1 unit | S5150 – Unskilled respite care, not hospice; Each 15 minutes<br>U7 – Waiver<br>3747P1801X – Personal care attendant taxonomy | $2.45 | X | X | X | X | X | | X |
| Z5699 | Personal emergency response system, installation | S5160 – Emergency response system, installation and testing only<br>U7 – Waiver | $52.07 | X | X | X | | X | | X |
| Z5700 | Case management services, Autism Waiver, 1/4 hour=1 unit) | End date | NA | | | | | | | |
| Z5702 | Waiver case management (DD, SS, autism) | T1016 – Case management<br>U7 – Waiver | $9.56/1/4 hr | | X | X | | | | X |
| Z5703 | Autism Waiver case management assessment/speech evaluation, 1 assessment | End date | NA | | | | | | | |
| Z5704 | Autism Waiver case management assessment/audiological, 1 assessment | End date | NA | | | | | | | |
| Z5705 | Autism Waiver respite/home health aide (HHA/HAS), 1 hour | End date | NA | | | | | | | |
| Z5706 | Autism Waiver respite/licensed practical nurse (HHA/HAS), 1 hour | End date | NA | | | | | | | |

Table 15 – Waiver Procedure Code/Modifier/Taxonomy Combination

| Local Code | Local Code Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate | AD | DD | Autism | MFC | TBI | AL | SS |
|---|---|---|---|---|---|---|---|---|---|---|
| Z5707 | Autistic Waiver respite/registered nurse (HHA/HAS), 1 hour | End date | NA | | | | | | | |
| Z5708 | Speech and language therapy (HHA) (1/4 Hour = 1 Unit) | 92506 – Evaluation of speech, language, voice communication, auditory processing, and/or aural rehabilitation status<br>U7 – Waiver<br>UA – Provider | $18.12 | | X | X | | X | | X |
| | | 92507 – Treatment of speech, language, voice communication, and/or auditory processing disorder (includes aural rehabilitation); individual<br>U7 – Waiver<br>UA – Provider | $18.12 | | X | X | | X | | X |
| Z5709 | Autism Waiver audiological therapy (HHA/HAS) (1/4 Hour) | End date | NA | | | | | | | |
| Z5715 | Speech/language therapy, (IDDARS/HAB), agency/other, 1/4 hour=1 unit | End date | NA | | | | | | | |
| Z5716 | Autism Waiver audiological therapy habilitation, agency, 1/4 hour | End date | NA | | | | | | | |
| Z5720 | Respite/attendant care/personal asst. residential care (1/2 hour=1 unit) | End date | NA | | | | | | | |
| Z5724 | Day habilitation, structured day prog, individual, 1/4 hour=1 unit | T2021 – Day habilitation, waiver; per 15 minutes<br>U7 – Waiver | $33.52 | | | | | X | | |

Table 15 – Waiver Procedure Code/Modifier/Taxonomy Combination

| Local Code | Local Code Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate | AD | DD | Autism | MFC | TBI | AL | SS |
|---|---|---|---|---|---|---|---|---|---|---|
| Z5725 | Day habilitation, structured day prog, group, 1/4 hour=1 unit | T2021 – Day habilitation, waiver; per 15 minutes<br>U7 – Waiver<br>HQ – Group settings | $6.68 | | | | | X | | |
| Z5726 | Behavior management/program and counseling, 1/4 hour=1 unit | H0004 – Behavioral health counseling and therapy, per 15 min<br>U7 – Waiver | $17.38 | | X | X | | X | | X |
| Z5728 | Transportation, day habilitation only, one- way trip = 1 unit | End date | NA | | | | | | | |
| Z5730 | Autism Waiver, crisis intervention, 1/2 hour | End date | NA | | | | | | | |
| Z5799 | Autism waiver, other | End date | NA | | | | | | | |
| Z5951 | Respite/Group setting, 1 hour=1 unit | S5150 – Unskilled respite care, not hospice; per 15 minutes<br>U7 – Waiver<br>HQ – Group settings | $1.50 | | X | X | | | | X |

Table 16 lists all local codes cross walked to national codes. Unless otherwise noted, the end date is December 31, 2003.

Table 16 – Crosswalked Local Codes Effective January 1, 2004

| Local Procedure Code/Modifier | Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate for the Crosswalked Combination |
|---|---|---|---|
| A0010 | Ambulance service, basic life support (BLS) | End date 04/01/02 | NA |
| A0020 | Ambulance service, BLS, per mile, transport one way | End date 04/01/02 | NA |
| A0060 | Ambulance service, waiting time, one-half (1/2) hour increments | A0420 – Ambulance waiting time (ALS or BLS), one-half (1/2) hr. increments<br>U1 – ALS<br>U2 – BLS | $20.00 |
| A0070 | Ambulance service, oxygen, administration and supplies, life sustaining situation | A0422 – Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation | $15.00 max. fee |
| A0150 | Non-emergency transportation, ambulance, base rate, one way | End date | NA |
| A0215 | Ambulance service, misc. disposable supplies, not itemized. If Itemized use approp. CPT-4 or alpha num. | End date | NA |
| A0220 | Ambulance service, advance life support (ALS), base rate, all inc. services, emer. trans., one way | End date 04/01/02 | NA |
| A0221 | Ambulance service (ALS), per mile, transport, one way | End date 04/01/02 | NA |
| A0222 | Ambulance service, return trip, transport | End date | NA |
| A0223 | Ambulance service, advance life support (ALS), base rate, where non-reusable ALS supplies are billed | End date | NA |
| A0380 | BLS mileage, per mile | End date | NA |
| A0390 | ALS mileage, per mile | End date | NA |
| J0220 | Injection, allergy desens | End date | NA |
| J0230 | Injection, allergy desens | End date | NA |
| J0700 | Injection, betamethason, E | End date | NA |
| J1360 | Injection, Erthromycin, IV | End date | NA |

Table 16 – Crosswalked Local Codes Effective January 1, 2004

| Local Procedure Code/Modifier | Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate for the Crosswalked Combination |
|---|---|---|---|
| J2160 | Injection, cyclizine LACT | End date | NA |
| J2490 | Injection, paraldehyde, U | End date | NA |
| J3500 | Vitamin therapy | End date | NA |
| J7010 | Vial of allergy vaccine, | End date | NA |
| J7020 | Vial of allergy vaccine, | End date | NA |
| MRT | Mental status exam, $80.00/hour, 1.5 hours max | 90801 – Psychiatric diagnostic interview examination including history, mental status, or disposition<br>SE – State and/or federally funded programs/services | $80.00 |
| MRT | IQ evaluation, $80.00/hour, 2 hours max | 96100 – Psychological testing, includes psychodiagnostic assessment of personality, short, psychological testing<br>SE – State and/or federally funded programs/Services | $80.00 |
| MRT | Report, $10.00 | 99080 – Special reports as insurance forms, or review of medical data to clarify a patient's stay, short, special reports as insurance<br>SE – State and/or federally funded programs/Services | $10.00 |
| MRT | Physical exam, $65.00 | 99450 – Basic life and/or disability examination, measure height, weight, and BP; medical history; urinalysis, collection of blood samples<br>SE – State and/or federally funded programs/services | $65.00 |

Table 16 – Crosswalked Local Codes Effective January 1, 2004

| Local Procedure Code/Modifier | Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate for the Crosswalked Combination |
|---|---|---|---|
| MRT | Eye exam, $29.00 | 92002 (initial) – Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient | $29.00 |
| | | 92012 (established) – Ophthalmological Services: medical examination and evaluation, with initiation of continuation of diagnostic and treatment program; intermediate, established patient<br>SE – State and/or federally funded programs/Services | $29.00 |
| MRT | Records, $10.00 | S9981 – Medical records copying fee, administrative<br>SE – State and/or federally funded programs/services | $10.00 |
| W0000 | Case management | End date | NA |
| W0010 | Long-term, 24 Hour, ambulatory, EEG monitoring | End date | NA |
| W0625 | Intermediate care facility/skilled nursing facility, annual diagnostic screening | End date | NA |
| W0647 | Used by suspense personnel on Medicare crossover for eye refraction | End date | NA |

Table 16 – Crosswalked Local Codes Effective January 1, 2004

| Local Procedure Code/Modifier | Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate for the Crosswalked Combination |
|---|---|---|---|
| W0660 | Family planning service includes exam, counseling, PAP smear, GC culture, hemoglobin, and urinalysis | 99201 – Office or other outpatient visit minor | $20.82 |
| | | 99202 – Office or other outpatient visit | $33.96 |
| | | 99203 – Office or other outpatient visit | $46.85 |
| | | 99204 – Office or other outpatient visit | $70.14 |
| | | 99205 – Office or other outpatient visit | $88.36 |
| | | 99211 – Office or other outpatient visit | $9.98 |
| | | 99212 – Office or other outpatient visit | $18.20 |
| | | 99213 – Office or other outpatient visit | $25.98 |
| | | 99214 – Office or other outpatient visit | $40.43 |
| | | 99215 – Office or other outpatient visit | $63.87 |
| W0661 | Planned parenthood, revisit | 99201 – Office or other outpatient visit minor | $20.82 |
| | | 99202 – Office or other outpatient visit | $33.96 |
| | | 99203 – Office or other outpatient visit | $46.85 |
| | | 99204 – Office or other outpatient visit | $70.14 |
| | | 99205 – Office or other outpatient visit | $88.36 |
| | | 99211 – Office or other outpatient visit | $9.98 |
| | | 99212 – Office or other outpatient visit | $18.20 |
| | | 99213 – Office or other outpatient visit | $25.98 |
| | | 99214 – Office or other outpatient visit | $40.43 |
| | | 99215 – Office or other outpatient visit | $63.87 |
| W0676 | Non-legend birth control supplies, planned parenthood only | Use appropriate HCPCS | NA |
| W0677 | Legend birth control supplies, pills, planned parenthood only | Use appropriate HCPCS and national drug code (NDC) | NA |

Table 16 – Crosswalked Local Codes Effective January 1, 2004

| Local Procedure Code/Modifier | Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate for the Crosswalked Combination |
|---|---|---|---|
| W0770 | Electrolyte panel/profile, electrolytes or electrolytes I, II, III | End date | NA |
| W0774 | Norpace level, Disopyraminde | End date | NA |
| W1 | Psychiatric expense | End date | NA |
| W2 | Therapist, Medicaid | End date | NA |
| W3845 | Monthly capitation payment (MCP), for ESRD, includes card or hemodialysis monthly maintenance at home | End date | NA |
| W4 | LOCM | End date | NA |
| W4433 | Speech evaluation | 92506 – Medical evaluation speech, language and/or hearing problems | $38.85 |
| W4434 | Speech therapy, re-evaluation | End date | NA |
| W4435 | Audiological re-assessment | End date | NA |
| W5 | Positioning | End date October 15, 2003 | NA |
| W6 | Utilization codes pricing | End date October 15, 2003 | NA |
| W6500 | Physical therapy, initial evaluation | 97001 – Physical therapy evaluation | $44.33 |
| W6501 | Physical therapy, subsequent evaluation | End date | NA |
| W6502 | Physical therapy, individual, by the unit, modalities requiring use of capital equipment | End date | NA |
| W6503 | Physical therapy, individual; by the unit; modalities not requiring use of capital equipment<br>This code should only be used in a home health setting. | G0151 – Services of physical therapist in home health setting, each 15 minutes<br>This code should only be used in a home health setting. | $14.48 |
| W6504 | Physical therapy, group, by the unit, modalities requiring use of capital equipment | End date | NA |
| W6505 | Physical therapy, group, by the unit, modalities not requiring use of capital equipment | End date | NA |

Table 16 – Crosswalked Local Codes Effective January 1, 2004

| Local Procedure Code/Modifier | Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate for the Crosswalked Combination |
|---|---|---|---|
| W6506 | Adaptive equipment, splints, constructed by a registered physical therapist | End date | NA |
| W6800 | Aerosol, IPPB, nebulizer, aministered by a registered respiratory therapist, by the unit | End date | NA |
| W6801 | Resp thpy, chest wall manip, cupping, percussing or vibration by RPT, w/wo postural drainage, per unit | End date | NA |
| W6802 | Miscellaneous respiratory therapy performed by a registered respiratory therapist, by the unit | End date | NA |
| W6803 | Respiratory therapy provided in a SNF/ICF | End date | NA |
| W7 | Utilization codes | End date October 15, 2003 | NA |
| W7007 | Immunosuppressant therapy, inpatient | End date | NA |
| W7400 | Occupational therapy, initial evaluation | 97003 – Occupational therapy evaluation | $44.33 |
| W7401 | Occupational therapy, subsequent evaluation | End date | NA |
| W7402 | Occupational therapy, by the unit, individual | G0152 – Services of occupational therapist in home health setting, each 15 minutes<br>This code should only be used in a home health setting. | $74.02 |
| W7403 | Occupational therapy, by the unit, group | 97150 – Therapeutic procedure (s), group (two or more individuals<br>U7 – Waiver<br>HQ – Group settings | $13.04 |
| W7404 | Therapeutic adaptations, splint, constructed by an occupational therapist | End date – Use appropriate HCPCS code | NA |
| W7405 | Adaptive equipment provided by the occupational therapy department | End date – Use appropriate HCPCS code | NA |
| W8888 | No HCPCS code for ICD-9 conversion | End date | NA |
| W8889 | No HCPCS Code for ICD-9 conversion diagnostic proc | End date | NA |

Table 16 – Crosswalked Local Codes Effective January 1, 2004

| Local Procedure Code/Modifier | Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate for the Crosswalked Combination |
|---|---|---|---|
| W9060 | Trade winds rehabs group speech therapy, psycholinguistic remediation | End date | NA |
| W9072 | Initial diagnostic and evaluation | End date | NA |
| W9073 | Annual diagnostic and evaluation | End date | NA |
| W9074 | Update of diagnostic and evaluation | End date | NA |
| W9075 | Level II pre-admission screening, MR | End date | NA |
| W9076 | Level II psych exam, MR | End date | NA |
| W9077 | Level II annual resident review, MR | End date | NA |
| W9078 | ICF/MR, community residential facility/developmental disability annual resident review | End date | NA |
| W9079 | Level II pre-admission screening, mental illness, initial screening update | End date | NA |
| W9080 | Level II pre-admission screening, mental illness, initial screening | End date | NA |
| W9081 | Level II annual resident review, mental illness, annual resident review | End date | NA |
| W9082 | Group training in activities of daily living | 97535 – Self care/home management training<br>HQ – Group setting<br>HW – Funded by state mental health agency<br>97537 – Community/work reintegration training (e.g. shopping, transportation, money manag.)<br>HQ – Group setting<br>HW – Funded by state mental health agency | $8.55<br>$8.55 |
| W9083 | Speech therapy, home health | G0153 – Services of speech and language pathologist in home health setting, each 15 minutes<br>This code should only be used in a home health setting. | $14.76 |

Table 16 – Crosswalked Local Codes Effective January 1, 2004

| Local Procedure Code/Modifier | Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate for the Crosswalked Combination |
|---|---|---|---|
| W9090 | Traumatic brain injury, day therapy program | End date | NA |
| W9091 | Traumatic brain injury, ancillary and physician services | End date | NA |
| W9093 | HIB-C vaccine | End date | NA |
| W9094 | Bilirubin blanket | End date | NA |
| W9095 | DME purchase, supplies provided by a chiropractor | End date | NA |
| W9096 | DME rental, supplies provided by a chiropractor | End date | NA |
| W9097 | Per diem for TBI patients | End date | NA |
| W9098 | Ancillaries | End date | NA |
| WA | Injection adminis req met | End date | NA |
| WD | Add'l medical doco Attach | End date | NA |
| WM | Criteria for debridement | End date | NA |
| WR | Foot care criteria met | End date | NA |
| WV | Influenza virus vaccine | End date | NA |
| X0105 | Rhizotomy by radiofrequency, any number of levels, unilateral or bilateral | End date | NA |
| X2098 | Insertion of a hickman or broviac catheter | End date | NA |
| X2381 | Streptokinase injection procedure, infusion | End date | NA |
| X2459 | Digital subtraction angiography (DSA) or digital vascular imaging scan (DVIS), introduction | End date | NA |
| X2851 | Exc of central bone cysts, follicular cysts, lingual cysts, dentigerous cysts, 1cm to and including 2cm | End date | NA |
| X3000 | Implantation of Norplant | End date | NA |
| X3001 | Removal of Norplant only | End date | NA |
| X3002 | Removal of Norplant with reimplant of new drug system, same incision site | End date | NA |

Table 16 – Crosswalked Local Codes Effective January 1, 2004

| Local Procedure Code/Modifier | Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate for the Crosswalked Combination |
|---|---|---|---|
| X3003 | Removal of Norplant with reimplant of new drug alternative, different incision site | End date | NA |
| X3004 | FQHC services | End date | NA |
| X3005 | Trend event monitor | E0619 – Apnea monitor, with recording feature | $188.91 – RR<br>$2833.65 – NU |
| X3006 | Vaginal delivery only | 59409 – Vaginal delivery only, with or without episiotomy and/or forceps | $657.63 |
| | | 59612 – Vaginal delivery only, after previous cesarean delivery, with or without episiotomy | $694.02 |
| X3007 | Cesarean delivery only | 59514 – Cesarean delivery only | $762.02 |
| | | 59620 – Cesarean delivery only. Following attempted vaginal delivery after previous cesarean | $797.44 |
| X3008 | Attendant care/personal assistance/resid. care/comm. resid. services (DDARS-ILS) | End date | NA |
| X3009 | Residential HAB | End date | NA |
| X3010 | Home based habilitation | End date | NA |
| X3011 | Pre-vocational services, 1/4 hour=1 unit | T2015 – Habilitation: prevocational, waiver per hour<br>U7 – W aiver | $4.80 |
| X3012 | Supported employment, 1/4 hour=1 unit | H2023 – Supported employment, per 15 minutes<br>U7 – Waiver | $9.17 |
| X3013 | Adaptive aids/devices/other/assistive technology/spec. medical equipment/supplies, initial | T2029 – Specialized medical equipment, not otherwise specified, waiver<br>U7 – Waiver<br>NU – New equipment | Manual pricing |

Table 16 – Crosswalked Local Codes Effective January 1, 2004

| Local Procedure Code/Modifier | Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate for the Crosswalked Combination |
|---|---|---|---|
| X3014 | Adaptive aids/devices/other assistive technology/spec. medical equipment/supplies, maintenance | T2029 – Specialized medical equipment, not otherwise specified, waiver<br>U7 – Waiver<br>RP – Replacement and repair | Manual pricing |
| X3015 | Occupational therapy, HHA, 1/4 hour=1 unit | 97010, 97012, 97014, 97016, 97018, 97020, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97139, 97140, 97150, 97504, 97520, 97530, 97532, 97533, 97535, 91537, 97542, 97601, 97602, 97703, 97750, 97799<br>1 unit=1/4 hr.<br>U7 – Waiver<br>UA – Provider<br>225X00000X – Occupational therapist | $17.99 |
| X3016 | Occupational therapy, IDDARS HAB agency/other, 1/4 hour=1 unit | End date | NA |
| X3017 | Physical therapy, HHA, 1/4 hour=1 unit | 97010, 97012, 97014, 97016, 97018, 97020, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97139, 97140, 97150, 97504, 97520, 97530, 97532, 97533, 97535, 91537, 97542, 97601, 97602, 97703, 97750, 97799<br>1 unit=1/4 hr<br>U7 – Waiver<br>UA – Provider<br>225100000X – Physical therapist | $18.12 |
| X3018 | Physical therapy, HHA, 1/4 hour=1 unit, IDDARS HAB Agency/Other, 1/4 hour=1 unit | End date | NA |

Table 16 – Crosswalked Local Codes Effective January 1, 2004

| Local Procedure Code/Modifier | Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate for the Crosswalked Combination |
|---|---|---|---|
| X3019 | Environmental modification, initial | S5165 – Home modifications, per service<br>U7 – Waiver<br>NU – New equipment<br>T2039 – Vehicle modifications, waiver; per service (use for assessment)<br>U7 – Waiver | Manual pricing<br><br><br><br>Manual pricing |
| X3020 | Environmental modification, maintenance | S5165 – Home modifications, per service<br>U7 – Waiver<br>RP – Replacement and repair | Manual pricing |
| X3022 | Respite, hospital care | End date | NA |
| X3023 | Depo-Provera 150MG | End date, use appropriate HCPCS and NDC code | NA |
| X3024 | CNR, neuro-psych, transitional rehabilitation | End date | NA |
| X3026 | Electronic communication device | End date | NA |
| X3027 | Antepartem care only | End date | NA |
| X3028 | Commercial ambulatory service, base rate, van or automobile | T2003 – Non-emergency transportation; encounter/trip<br>U9 – Base rate | $10.00 |
| X3029 | Commercial ambulatory services, multiple passenger, base rate | T2004 – Non-emergency transportation; commercial carrier, multi-pass<br>TT – Individualized service provided to more than one patient in same setting | $5.00 |
| X3030 | Commercial ambulatory service, accompanying parent/attendant, base rate | T2001 – Non-emergency transportation, patient attendant/escort<br>TK – Extra patient or passenger, non-ambulance. | $5.00 |
| X3031 | Taxi, rates non-regulated, 0-5 miles | A0100 – Non-emergency transportation; taxi<br>Rate per mileage | $6.00 |

Table 16 – Crosswalked Local Codes Effective January 1, 2004

| Local Procedure Code/Modifier | Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate for the Crosswalked Combination |
|---|---|---|---|
| X3032 | Taxi, rates non-regulated, 6-10 miles | A0100 – Non-emergency transportation; taxi<br>Rate per mileage | $10.00 |
| X3033 | Taxi, rates non-regulated, 11 miles and up | A0100 – Non-emergency transportation; taxi<br>Rate per mileage | $15.00 |
| X3034 | Taxi, rates non-regulated, 0-5 miles, accompanying parent or attendant | A0100 – Non-emergency transportation; taxi<br>Need PA as code combination<br>TK – Extra patient or passenger, non-ambulance. | $3.00 |
| X3035 | Taxi, rates non-regulated, 0-5 miles, multiple passenger | A0100 – Non-emergency transportation; taxi<br>Need PA as code combination<br>TT – Individualized service provided to more than one patient in same setting | $3.00 |
| X3036 | Taxi, rates non-regulated, 6-10 miles, accompanying parent/attendant | A0100 – Non-emergency transportation; taxi<br>Need PA as code combination<br>TK – Extra patient or passenger, non-ambulance. | $5.00 |
| X3037 | Taxi, rates non-regulated, 6-10 miles multiple passenger | A0100 – Non-emergency transportation; taxi<br>Need PA as code combination<br>TT – Individualized service provided to more than one patient in same setting | $5.00 |
| X3038 | Non-regulated taxi, accompanying parent or attendant for trip of 11 miles or more | A0100 – Non-emergency transportation; taxi<br>Need PA as code combination<br>TK – Extra patient or passenger, non-ambulance. | $7.50 |
| X3039 | Wheelchair/non-ambulatory, accompanying parent/attendant base rate | A0130 – Non-emergency transportation, wheelchair van<br>TK – Extra patient or passenger, non-ambulance. | $10.00 |

Table 16 – Crosswalked Local Codes Effective January 1, 2004

| Local Procedure Code/Modifier | Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate for the Crosswalked Combination |
|---|---|---|---|
| X3040 | Outpatient diagnostic assessment | H0031 – Mental health assessment, by non-physician<br>HW – Funded by state mental health agency | $24.83 |
| X3041 | Outpatient pre-hospitalization screening | H0002 – Behavioral health screening to determine eligibility for admission to treatment program | $24.83 |
| X3042 | Individual counseling, psychotherapy | H0004 – Behavioral health counseling and therapy, per 15 minutes<br>HW – Funded by state mental health agency | $21.40 |
| X3044 | Family counseling, psychotherapy | H0004 – Behavioral health counseling and therapy, per 15 minutes<br>HW – Funded by state mental health agency<br>HR – Family/couple with client present<br>HS – Family/couple without client present | $17.27 |
| X3045 | Group counseling, psychotherapy | H0004 – Behavioral health counseling and therapy, per 15 minutes<br>HQ – Group setting<br>HW – Funded by state mental health agency | $6.41 |
| X3046 | Crisis intervention | H2011 – Crisis intervention service, per 15 minutes<br>HW – Funded by state mental health agency | $33.11 |
| X3047 | Medication, somatic treatment | H0033 – Oral medication administration, direct observation<br>HW – Funded by state mental health agency | $18.62 |
| X3048 | Training in activities of daily living | H2014 – Skills training and development, per 15 minutes<br>HW – Funded by state mental health agency | $21.40 |

Table 16 – Crosswalked Local Codes Effective January 1, 2004

| Local Procedure Code/Modifier | Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate for the Crosswalked Combination |
|---|---|---|---|
| X3049 | Partial hospitalization service, 1/4 hr. unit of service | H0035 – Mental health, partial hospitalization, treatment, less than 24 hours.<br>HW – Funded by state mental health agency | $8.55 |
| X3050 | Case management services | T1016 – Case management, each 15 minutes<br>HW – Funded by state mental health agency | $26.14 |
| X3051 | Stationary compressed gaseous or liquid oxygen system, rental, includes use of reservoir, contents. | End date | NA |
| X3052 | Stationary compressed gaseous or liquid oxygen system, rental, includes use of reservoir, contents | End date | NA |
| X3053 | Oxygen contents, gaseous or liquid | End date | NA |
| X3054 | Oxygen contents, gaseous or liquid | End date | NA |
| X3055 | Portable oxygen contents, gases or liquid for use only with portable systems when no stationary gas | End date | NA |
| X3056 | Portable oxygen contents, gases or liquid for use only with portable systems when no stationary gas | End date | NA |
| X3057 | Oxygen contents, liquid or gaseous, per pound | End date | NA |
| X3060 | Vaccine, DPT/hemophilus combination, e.g. Tetramune | End date | NA |
| X3064 | Residential based habilitation/ADL training/independent living skills, 1/4 hour=1 unit | 97535 – Self care/home management training, e.g. activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of adaptive equipment, direct one-on-one contact by provider, each 15 minutes.<br>U7 – Waiver | $6.99 |
| X3066 | Adaptation/training electronic communication device | End date | NA |
| X3067 | Missed appointment | End date | NA |
| X3068 | Newborn screen | End date | NA |

Table 16 – Crosswalked Local Codes Effective January 1, 2004

| Local Procedure Code/Modifier | Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate for the Crosswalked Combination |
|---|---|---|---|
| X3069 | Licensed practical nurse, hourly | 99600 – Unlisted home visit or service<br>TE – LPN/LVN | $23.05 |
| X6 | Emergency, anesthesia | End date | NA |
| X8 | MRO service | HW – Funded by state mental health agency | NA |
| X9 | Denied detail for managed care | GZ – Item or service expected to be denied as not reasonable and necessary | NA |
| XA | IV pole for PEN | End date | NA |
| XG | Cataract surgery w/anest | End date | NA |
| XP | For prescription change | SC – Medically necessary service or supply | NA |
| XQ | Lenses/frames lost/stolen | RP – Replacement and repair | NA |
| XV | Extra views for radiology | 51 – Modifier | NA |
| Y0059 | Component procedure for CAT or CT double head scan, for Dr., documentation only | End date | NA |
| Y0060 | Echography, ophthalmic, combination of A mode and contact B-scan | End date | NA |
| Y0158 | Graphic stress telethermometry (GST) | End date | NA |
| Y0160 | Non-invasive measurement of regional cerebral blood flow (NRCBF) | End date | NA |
| Y0401 | Renal dialysis technician services, by hour | End date | NA |
| Y0500 | Home health, assistant, nurse's assistant, orderly, by the visit | End date | NA |
| Y0501 | Home health assistant, nurse's assistant, orderly, by the hour | 99600 – Unlisted home visit or service | $14.13 |
| Y0570 | Customized bathroom equipment, rails, seats, stools and benches | End date, use appropriate E code | NA |
| Y0571 | Durable medical equipment, rental and/or purchase | End date | NA |

Table 16 – Crosswalked Local Codes Effective January 1, 2004

| Local Procedure Code/Modifier | Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate for the Crosswalked Combination |
|---|---|---|---|
| Y0600 | Skilled nursing, LPN, RN, by visit | End date | NA |
| Y0601 | Skilled nursing, LPN, RN, by the hour | 99600 – Unlisted home visit or service<br>TD – RN | $28.76 |
| Y1000 | Clear ocularial, facial shapes, conformers and post-op ptosis shapes | End date | NA |
| Y1417 | Oxymizer, oxygen conserving cannula, nasal cannula | End date | NA |
| Y1420 | High-humidity respiratory therapy system | End date | NA |
| Y1453 | Paraffin bath unit | End date | NA |
| Y1526 | Control solution 1, 10 ml/cc | End date | NA |
| Y1528 | Autolet, 1 each | End date | NA |
| Y2020 | Extra charge for deluxe frames, eyeglass | End date | NA |
| Y4009 | Supplies, not elsewhere classified | End date | NA |
| Y4011 | Diapers, or incontinence liners or incontinence briefs | End date | NA |
| Y5014 | Electronic artificial larynx, battery powered speech and manually operated | End date | NA |
| Y5207 | AV fistula kit #1, CDAK 4 or 1.3 and home dialysis supplies | End date | NA |
| Y5208 | AV fistula kit #2, CDAK 5 or 2.8 and home dialysis supplies | End date | NA |
| Y5209 | AV fistula kit #3, CDAK 1.8 home dialysis supplies | End date | NA |
| Y5210 | AV fistula Kit #4, extra corporeal dialyzers and home dialysis supplies | End date | NA |
| Y5211 | AV fistula kit #5, Redi-Machine, Model 1.8 dialyzer and home dialysis supplies) | End date | NA |

Table 16 – Crosswalked Local Codes Effective January 1, 2004

| Local Procedure Code/Modifier | Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate for the Crosswalked Combination |
|---|---|---|---|
| Y7 | Mental health clinic option service billed by a midlevel practitioner (Non-Physician Or Non-HSPP) to Medicaid Or Medicare/Medicaid | End date | NA |
| Y7002 | DME repair, and one lump fee | End date | NA |
| Y7110 | Hearing aid batteries | V5266 – Battery for use in hearing device | $5.00 |
| Y7600 | Repair of hearing aid, includes earmold | End date | NA |
| Y7601 | Hearing aid supplies | End date | NA |
| Y7602 | Hearing aid earmold | End date | NA |
| Y8 | Denial modifier for MRO services billed to Medicare, not covered by Medicaid | End date | NA |
| Y8044 | Temporomandibular orthotic device or occlusal splint | End date | NA |
| Y8045 | Temporomandibular diagnostic study cast | End date | NA |
| Y8900 | Rigid inlays, steel plates, fiberglass, rohadur, and so forth, made to positive plaster cast | End date | NA |
| Y8906 | Flexible inlays made to a positive plaster cast | End date | NA |
| Y8910 | Stock devices, inlays, plates, latex shields, and so forth, none made to plaster casts | End date | NA |
| Y9 | Modifier to bill a clinic service to Medicare/Medicaid, rendered by a physician or HSPP | End date | NA |
| Y9001 | Wheelchair/non-ambulatory transportation service, base rate | A0130 – Non-emergency transportation: wheelchair van | $20.00 |
| Y9003 | Ambulance service waiting time | End date | NA |
| Y9005 | Ambulance mileage through 99 miles | A0425 – Ground mileage, per statute mile<br>U1 – Level 1 (ALS)<br>U2 – Level 2 (BLS)<br>U3 – Level (CAS) | U1 = $4.00<br>U2 = $3.50<br>U3 =$3.00 |

Table 16 – Crosswalked Local Codes Effective January 1, 2004

| Local Procedure Code/Modifier | Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate for the Crosswalked Combination |
|---|---|---|---|
| Y9008 | Mileage, up through 99 miles | End date | NA |
| Y9009 | Waiting time, one-half hour increments | T2007 – Transportation waiting time, air ambulance and non-emergency vehicle, one-half (1/2) hour increments<br>U3 – Level 3 (CAS) | $4.25 |
| Y9010 | Non-emergency transportation, taxi, suburban | End date | NA |
| Y9011 | Intra-state bus transportation; base rate | End date | NA |
| Y9012 | Mileage for family member automobile transportation service | A0090 – Non-emergency transportation, per mile, vehicle provided by individual (family member, self, neighbor) with vested interest | $.28.00 |
| Y9013 | Inter-state bus transportation, base rate | End date | NA |
| Y9014 | Return mileage for patients traveling to home, nursing home, and so forth. | End date | NA |
| Y9045 | ALS trip plus mileage outside of locality | End date | NA |
| Y9102 | Ambulance service to free-standing dialysis center | End date | NA |
| Y9103 | Ambulance mileage to free-standing dialysis center | End date | NA |
| Y9104 | Ambulance service from free-standing dialysis center | End date | NA |
| Y9105 | Ambulance mileage from free-standing dialysis center | End date | NA |
| Y9201 | Wheelchair/non-ambulatory, multiple passenger, base rate | A0130 – Non-emergency transportation, wheelchair van<br>TT – Individualized service provided to more than one patient in same setting | $20.00 |
| Y9210 | Non-regulated taxi, multiple passenger, for trips of 11 miles or more | A0100 – Non-emergency transportation: taxi<br>TT – Individualized service provided to more than one patient in same setting | $7.50 |

Table 16 – Crosswalked Local Codes Effective January 1, 2004

| Local Procedure Code/Modifier | Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate for the Crosswalked Combination |
|---|---|---|---|
| Y9805 | Ambulance mileage over 99 miles | A0425 – Ground mileage, per statute mile<br>U1 – ALS<br>U2 – BLS | U1 = $4.00<br>U2 = $3.50 |
| Y9806 | Mileage, remaining over 99 miles | A0425 – Ground mileage, per statute mile<br>U3 – CAS | $1.25 |
| Y9808 | Mileage over 99 miles for physician billed mileage | End date | NA |
| YC | Specific policy criteria has been met | End date | NA |
| YD | ASC terminated procedure before the ASC extended any resources | End date | NA |
| YF | ASC terminated procedure due to medical complication after inducement of anesthesia | End date | NA |
| YH | ASC terminated procedure due to medical complication after patient was prepared but before anesthesia was induced | End date | NA |
| YK | Nurse practitioner, team member service in a non-rural area | End date | NA |
| YO | Services rendered in an outpatient observation unit. No longer accepted with dates of service after February 1992. | End date | NA |
| YR | Information submitted for rebundled | End date | NA |
| YS | Information submitted for split care/co-surgery | End date | NA |
| Z0105 | Progress evaluation, brief treatment | End date | NA |
| Z0301 | Supplemental visual abilities and motor skills evaluation | End date | NA |
| Z0302 | Diagnosis, consultation and prescribing, visual Abilities, and motor skills | End date | NA |
| Z0304 | Amblyopia training therapy | End date | NA |

Table 16 – Crosswalked Local Codes Effective January 1, 2004

| Local Procedure Code/Modifier | Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate for the Crosswalked Combination |
|---|---|---|---|
| Z0305 | Strabismus training therapy | End date | NA |
| Z0306 | Developmental vision therapy | End date | NA |
| Z0307 | Reading training | End date | NA |
| Z0308 | Progress evaluation, visual abilities, and motor skills | End date | NA |
| Z0598 | Battery charger 110V, for home prothrombin time monitoring device, 1 charger=1 unit | End date | NA |
| Z0618 | Visual skills study | End date | NA |
| Z0630 | Lacrimal system evaluation | End date | NA |
| Z0660 | Special refractive technique | End date | NA |
| Z1 | Provider billing for the first trimester | U1 – First trimester | NA |
| Z2 | Provider billing for the second trimester | U2 – Second trimester | NA |
| Z3 | Provider billing for the third trimester | U3 – Third trimester | NA |
| Z3031 | Vision training therapy in office, individual, 30 minute visit | End date | NA |
| Z3032 | Vision training therapy in office, group, 30 minute session | End date | NA |
| Z3033 | Vision training therapy, out of office, per unit | End date | NA |
| Z3210 | Therapeutic apical closure, pulpectomy | End date | NA |
| Z4 | Blood sample taken for lead screen, for EPSDT | End date | NA |
| Z4352 | Acupuncture | End date | NA |
| Z4364 | Recertification exam, annual exam, yearly exam in NH, ECF, SNF, IM | End date | NA |
| Z4365 | Antibiotic therapy | End date | NA |
| Z4367 | Appliances, podiatric | End date | NA |
| Z4369 | Arthritis vaccine | End date | NA |

Table 16 – Crosswalked Local Codes Effective January 1, 2004

| Local Procedure Code/Modifier | Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate for the Crosswalked Combination |
|---|---|---|---|
| Z4401 | Bars, parallel | End date | NA |
| Z4402 | Basin, emesis | End date | NA |
| Z4420 | Bedpans, disposable | End date | NA |
| Z4422 | Blood pressure, semiautomatic patient activated Portable monitor | End date | NA |
| Z4450 | CAPD filter set, peridex | End date | NA |
| Z4453 | Cardiointegram | End date | NA |
| Z4457 | Chair transfer | End date | NA |
| Z4460 | Cingulotomy, sterotactic | End date | NA |
| Z4464 | Comparative X-rays, podiatry | End date | NA |
| Z4466 | Conray dye injection supervision | End date | NA |
| Z4501 | Diaphanography | End date | NA |
| Z4503 | Dialator, esophageal | End date | NA |
| Z4509 | Disposable sheets or pillowcases | End date | NA |
| Z4510 | Disposable urinal | End date | NA |
| Z4511 | Distilled water | End date | NA |
| Z4513 | Dry needle therapy | End date | NA |
| Z4516 | Dynasplint, elbow or universal | End date | NA |
| Z4543 | External counterpulsation device (ECP) | End date | NA |
| Z4548 | Electrocardiocoder | End date | NA |
| Z4549 | Electronarcosis treatment | End date | NA |
| Z4550 | Electrosleep treatments | End date | NA |
| Z4551 | Electrostatic machine | End date | NA |
| Z4555 | Enterostomal therapy (IH) | End date | NA |

Table 16 – Crosswalked Local Codes Effective January 1, 2004

| Local Procedure Code/Modifier | Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate for the Crosswalked Combination |
|---|---|---|---|
| Z4557 | Equivocal IV kinovac study | End date | NA |
| Z4615 | Generator | End date | NA |
| Z4630 | Hand E-Jet | End date | NA |
| Z4641 | Artificial heart, temporary or permanent ventricular assist | End date | NA |
| Z4661 | Independent speech therapy | End date | NA |
| Z4662 | In-hospital psychiatric clinic care | End date | NA |
| Z4686 | K-thermia, aquamatic | End date | NA |
| Z4692 | Laser acuities | End date | NA |
| Z4693 | Lattoflex springbase bed | End date | NA |
| Z4697 | Lens polishing or sterilization | End date | NA |
| Z4785 | Pachometer | End date | NA |
| Z4790 | Potential Acuity Meter (PAM) | End date | NA |
| Z4794 | Prednisone | End date | NA |
| Z4795 | Protein bound iodine (PBI) | End date | NA |
| Z4827 | Stimulator, bladder | End date | NA |
| Z4853 | Thyroid vaccine | End date | NA |
| Z4860 | Triage | End date | NA |
| Z4898 | Zomonume vaccination | End date | NA |
| Z5 | Blood sample taken for sickle cell anemia screen for EPSDT | End date | NA |
| Z5012 | PAS appeal hearing testimony | End date | NA |
| Z5013 | PASARR appeal hearing testimony | End date | NA |
| Z5014 | Case management, ICF/MR Waiver, 1/4 hour=1 unit | End date | NA |

Table 16 – Crosswalked Local Codes Effective January 1, 2004

| Local Procedure Code/Modifier | Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate for the Crosswalked Combination |
|---|---|---|---|
| Z5015 | Case management, Medically Fragile Children's Waiver, 1/4 hour=1 unit | T1016 – Case management<br>U7 – Waiver | $9.19 |
| Z5016 | Home subcutaneous tocolytic infusion therapy using a home uterine monitoring device global package includes home uterine monitor, skilled nursing services, ambulatory infusion pump, tocolytic drugs, and all other supplies necessary for home therapy. | S9349 – Home infusion therapy, tocolytic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, drugs and nursing visits coded separately, per diem | $250.00 |
| Z5017 | Home subcutaneous tocolytic infusion therapy using a home uterine monitoring device. home uterine monitoring and skilled nursing components of therapy only | 99553 – Home infusion for tocolytic therapy, per diem | $150.00 |
| Z5018 | Eating disorder per diem, eating disorder for the Remuda Ranch provider) | End date | NA |
| Z5020 | Oximetry for oxygen saturation, monthly service, 1 unit=1 month | E0445 – Oximeter device for measuring blood oxygen levels non-invasively.<br>Use modifier RR for rental and NU for purchase | $160.00 – RR<br>$2399.99 – NU |
| Z5021 | Diabetes management, 1 unit=15 min, ordered by physician or podiatrist, training performed by healthcare professional, including pharmacists. Specializing in Diabetes, training to include but not limited to disease processes, psychology, nutrition, exercise, medications, prevention of complications, foot, skin, dental care, pregnancy care, complete restriction | G0108 – Diabetes outpatient self-management training services, individual, per 30 minutes<br><br>G0109 – Diabetes self management training services, group session (2 or more), per 30 minutes | $45.00<br><br>$45.00 |
| Z5022 | Supported living services, 1 day=1 unit | End date | NA |
| Z5023 | Additional attendant transportation | A0424 – Extra ambulance attendant, ground (ALS or BLS), or air (fixed or rotary winged), (requires medical review) | $5.00 |

Table 16 – Crosswalked Local Codes Effective January 1, 2004

| Local Procedure Code/Modifier | Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate for the Crosswalked Combination |
|---|---|---|---|
| Z5024 | Family, caregiver training, 1/4 hour=1 unit | S5111 – Home care training, family, per session<br>U7 – Waiver<br>S5116 – Home care training, non-family; per session<br>U7 – Waiver | Manual pricing<br><br>Manual pricing |
| Z5025 | Case management – 2nd case manager, 1/4 hour=1 unit | T1016 – Case management<br>HW – Funded by state mental health agency<br>TG – Complex/high tech level of care | $13.07 |
| Z5027 | Complete dentures, maxillary, ages 0-21 | D5110 – Complete denture – maxillary | $782.50 |
| Z5028 | Mandibular partial dentures; ages 0-21 | D5212 – Mandibular partial denture – resin base (including any conventional clasps, rests, and teeth) | $666.00 |
| Z5029 | Maxillary partial dentures; ages 0-21 | D5211 – Maxillary partial denture – resin base (including any conventional clasps, rests, and teeth) | $656.00 |
| Z5030 | Complete dentures; mandibular ages 0-21 | D5120 – Complete denture – mandibular | $788.25 |
| Z5033 | Removable unilateral partial denture one piece cast metal (including clasp and teeth) ages 0-21 | D5281 – Removal unilateral partial denture – one piece cast metal (including clasps and teeth) | Manual pricing |
| Z5034 | Maxillary partial denture cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth) ages 0-21 | D5213 – Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth) | Manual pricing |
| Z5035 | Mandibular partial denture cast metal framework with resin denture bases (including any conventional clasps, rest and teeth); ages 0-21 | D5213 – Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth) | Manual pricing |
| Z5056 | Vest for ThAIRapy vest or high frequency chest wall oscillation device | End date | NA |
| Z5057 | Generator for ThAIRapy vest or high frequency chest wall oscillation device | End date | NA |

Table 16 – Crosswalked Local Codes Effective January 1, 2004

| Local Procedure Code/Modifier | Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate for the Crosswalked Combination |
|---|---|---|---|
| Z5058 | Repair of components for the ThAIRapy vest or high frequency chest wall oscillation device, generator and/or vest, per 15 minutes | End date | NA |
| Z5059 | NCP system, includes generator, bipolar lead, tunneling tool, hand-held wand, programming software, and both magnets | End date | NA |
| Z5060 | NCP generator only | End date | NA |
| Z5061 | Bipolar VNS lead only | End date | NA |
| Z5062 | Disposable tunneling tool only | End date | NA |
| Z5063 | Hand-held magnet, each, horseshoe or block | End date | NA |
| Z5064 | Smoking cessation counseling, 1 unit=15 minutes, max of 10 minutes per calendar year | S9075 – Smoking cessation treatment | $22.08 |
| Z5065 | Flutter mucus clearance device | End date | NA |
| Z5075 | Supported daily living level 2, 1 day=1 unit | End date | NA |
| Z5076 | Personal care services, 1 hour=1 unit | End date | NA |
| Z5077 | Companion care, 1 hour=1 unit | End date | NA |
| Z5078 | Respite personal care service, 1 hour=1 unit | End date | NA |
| Z5079 | Respite companion care, 1 Hour=1 unit | End date | NA |
| Z5080 | Case management, traumatic brain injury, 1/4 hour=1 unit | T1016 – Case management<br>U7 – Waiver | $9.21 |
| Z5081 | Repair broken complete denture base | D5510 – Repair broken complete denture base | $105.50 |
| Z5082 | Replace broken or missing teeth complete denture, each tooth | D5520 – Replace broken or missing teeth, complete denture, each tooth | $83.25 |
| Z5083 | Repair acrylic saddle or base | D5610 – Repair resin saddle or base | $100.00 |
| Z5084 | Repair cast framework | D5620 – Repair cast framework | $159.75 |

Table 16 – Crosswalked Local Codes Effective January 1, 2004

| Local Procedure Code/Modifier | Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate for the Crosswalked Combination |
|---|---|---|---|
| Z5085 | Reline maxillary complete denture, laboratory | D5750 – Reline complete maxillary denture, laboratory | $249.25 |
| Z5086 | Reline mandibular complete denture, laboratory | D5751 – Reline complete mandibular denture, laboratory | $249.75 |
| Z5087 | Reline maxillary partial denture, laboratory | D5760 – Reline maxillary partial denture, laboratory | $200.00 |
| Z5088 | Reline mandibular partial denture, laboratory | D5761 – Reline mandibular partial denture, laboratory | $144.50 |
| Z5089 | Repair or replace broken clasp | D5630 – Repair or replace broken clasp | $144.25 |
| Z5090 | Replace broken teeth per tooth | D5640 – Replace broken teeth – per tooth | $83.25 |
| Z5091 | Add tooth to existing partial denture | D5650 – Add tooth to existing partial denture | $111.00 |
| Z5092 | Add clasp to existing partial denture tooth, involving clasp or abutment tooth | D5660 – Add clasp to existing partial denture | $155.50 |
| Z5090 | Replace broken teeth per tooth | D5640 – Replace broken teeth – per tooth | $83.25 |
| Z5091 | Add tooth to existing partial denture | D5650 – Add tooth to existing partial denture | $111.00 |
| Z5092 | Add clasp to existing partial denture tooth, involving clasp or abutment tooth | D5660 – Add clasp to existing partial denture | $155.50 |
| Z5093 | Home protime monitor | End date | NA |
| Z5094 | Home prothrombin time, reagent strips, 15=1unit | End date | NA |
| Z5095 | Home prothrombin time, cuvettes, 6 cuvettes and tenderletts= 1 unit | End date | NA |
| Z5096 | Batteries, standard AA, for replacement in DME devices covered under Indiana Medicaid, 1 battery=1 unit | End date | NA |
| Z5097 | Home protime controls for strips, 1 box=1 unit | End date | NA |
| Z5098 | Battery charger, 110V rechargeable batteries | End date | NA |
| Z5099 | Salivary estriol level, per test | S3652 – Saliva test, hormone level, to assess preterm labor risk | $81.00 |
| Z5100 | Specialized services with negotiated rate approved by the OMPP | End date | NA |

Table 16 – Crosswalked Local Codes Effective January 1, 2004

| Local Procedure Code/Modifier | Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate for the Crosswalked Combination |
|---|---|---|---|
| Z5101 | Enclosed bed, includes bed/mattress and mesh canopy. Manually operated | End Date | NA |
| Z5102 | Cubicle bed; a type of enclosed bed with padded walls and a mattress for TBI patients | End Date | NA |
| Z5103 | Pediatric hospital beds, high side rails and protective top covering | End Date | NA |
| Z5104 | Supine stander with tray and all accessories | L1510 – THKAO, standing frame, with or without tray and accessories | Manual pricing with cap of $2,137.00 |
| Z5105 | Prone stander with tray and all accessories | L1510 – THKAO, standing frame, with or without tray and accessories | Manual pricing with cap of $2,137.00 |
| Z5106 | Vertical stander with tray and all accessories | L1510 – THKAO, standing frame, with or without tray and accessories | Manual pricing with cap of $2,137.00 |
| Z5107 | Multi-positional stander with tray and all accessories | L1510 – THKAO, standing frame, with or without tray and accessories | Manual pricing with cap of $2,137.00 |
| Z5108 | Implanted breathing pacemaker system complete, includes on site stimulation | E0756 – Implantable neurostimulator pulse generator<br>TG – Complex/high tech level of care | $58,299.00 |
| Z5109 | Breathing pacemaker – radio transmitter replacement only | E0757 – Implantable neurostimulator radiofrequency receiver<br>TG – Complex/high tech level of care | $37,967.00 |
| Z5110 | Sterile gloves, one pair individually packaged, 1 unit=1 pair | A4930 – Gloves, sterile, per pair | $.65 |
| Z5111 | Non-sterile gloves, 1 unit=1 glove | A4927 – Gloves, non-sterile, per 100 | $10.00 |
| Z5112 | Initial DD Waiver diagnostic and evaluation, 1 unit=1 evaluation | End date | NA |
| Z5113 | Initial waiver psychiatric evaluation | End date | NA |

Table 16 – Crosswalked Local Codes Effective January 1, 2004

| Local Procedure Code/Modifier | Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate for the Crosswalked Combination |
|---|---|---|---|
| Z5114 | ADS level 1 – basic 1 unit=1/2 day, 1/2 day=at least 3 but less than 5 hrs, maximum of 8 hours/day, maximum OS 2 units/day. Code may be combined with Z5115 for a max of 12 hrs/day | S5101 – Day care services, adult, per half day<br>U7 – Waiver<br>U1 – Level 1 | $20.90 |
| Z5115 | ADS level 1, 1 unit=1/4 hour maximum of 16 units/day, maximum 4 hours/day. Code may be combined with Z5114 for a max of 12 hrs/day | S5100 – Day care services, adult, per 15 minutes<br>U7 – Waiver<br>U1 – Level 1 | $1.31 |
| Z5116 | ADS level 2, 1 unit=1/2day, 1/2 day=at least 3 but less than 5 hours, maximum of 8 hours/day, maximum of 2 units/day. Code may be combined with Z5117 for a max of 12 hours/day | S5101 – Day care services, adult; per half day<br>U7 – Waiver<br>U2 – Level 2 | $27.43 |
| Z5117 | ADS Level 2, 1 Unit = 1/4 hour, maximum of 16 units/day, maximum 4 hours/day. Code may be combined with Z5116 for a max of 12hours/day | S5100 – Day care services, adult; per 15 minutes<br>U7 – Waiver<br>U2 – Level 2 | $1.71 |
| Z5118 | ADS level 3, 1 unit=1/2 day, 1/2 day=at least 3 but less than 5 hours, maximum of 8 hours/day, maximum of 2 units/day. Code may be combined with Z5119 for a max of 12 hours/day | S5101 – Day care services, adult, per half day<br>U7 – Waiver<br>U3 – Level 3 | $32.66 |
| Z5119 | ADS level 3 – Intensive, 1 unit=1/4 hour, max of 16 units/day, max 4 hrs/day. Code may be combined with Z5118 for a max of 12 hrs/day | S5100 – Day care services, adult, per 15 minutes<br>U7 – Waiver<br>U3 – Level 3 | $2.04 |
| Z5120 | ADS transportation, 1 unit=one way trip | T2003 – Non-emergency transportation, encounter/trip<br>U7 – Waiver | $16.25 |
| Z5121 | OMPP requested diagnostic and evaluation for recipients applying for the Aged and Disabled Waiver, TBI Waiver, MFC Waiver, and ICF/MR (non-waiver) admissions. One unit equals one evaluation | H2000 – Comprehensive multidisciplinary evaluation | $369.70 |

Table 16 – Crosswalked Local Codes Effective January 1, 2004

| Local Procedure Code/Modifier | Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate for the Crosswalked Combination |
|---|---|---|---|
| Z5122 | OMPP requested psychological evaluation for recipients applying for the Aged and Disabled Waiver, TBI Waiver, MFC Waiver, and ICF/MR (non-waiver) admissions. One unit equals one evaluation | H0031 – Mental health assessment, by non-physician | $203.07 |
| Z5123 | Assisted living level 1, 1 unit of service, per diem | T2031 – Assisted living, waiver; per diem<br>U7 – Waiver<br>U1 – Level 1 | $36.56 |
| Z5124 | Assisted living level 2, 1 unit of service, per diem | T2031 – Assisted living, waiver; per diem<br>U7 – Waiver<br>U2 – Level 2 | $43.64 |
| Z5125 | Assisted living level 3, 1 unit, per diem | T2031 – Assisted living, waiver; per diem<br>U7 – Waiver<br>U3 – Level 3 | $50.73 |
| Z5126 | Assisted living level 4, 1 unit, per diem | End date | NA |
| Z5127 | Assisted living level 5, 1 unit, per diem | End date | NA |
| Z5128 | Adult foster care level 1, 1 unit of service, per diem | S5140 – Foster care, adult; per diem<br>U7 – Waiver<br>U1 – Level 1 | $24.72 |
| Z5129 | Adult foster care level 2, 1 unit of service, per diem | S5140 – Foster care, adult; per diem<br>U7 – Waiver<br>U2 – Level 2 | $31.50 |
| Z5130 | Adult foster care level 3, 1 unit of service, per diem | S5140 – Foster care, adult; per diem<br>U7 – Waiver<br>U3 – Level 3 | $38.28 |
| Z5131 | Adult foster care level 4, 1 unit, per diem | End date | NA |

Table 16 – Crosswalked Local Codes Effective January 1, 2004

| Local Procedure Code/Modifier | Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate for the Crosswalked Combination |
|---|---|---|---|
| Z5132 | Adult foster care level 5, 1 unit, per diem | End date | NA |
| Z5138 | Respite in ADS level 3 – intensive, 1 unit=1/4 hour, maximum of 16 units/day, maximum 4 hrs/day. Code may be combined with Z5137 for a max of 12 hrs/day | End date | NA |
| Z5139 | Transportation for respite in ADS, 1 unit=one way trip | End date | NA |
| Z5140 | DD targeted case management – intake, 1 unit=1/4 hour | T1017 – Targeted case management, per 15 mins.<br>U1 – DD, TCM intake waiting list | $9.56 |
| Z5141 | DD targeted case management – ongoing, 1 unit=1/4 hour | End Date | NA |
| Z5142 | Waiver transportation | T2004 – Non-emergency transportation, commercial carrier, multi-pass<br>U7 – Waiver<br>U2 – Assisted | Manual pricing<br>(DD cap of $300.00/month) |
| Z5143 | Health care coordination | T2022 – Case management, per month<br>U7 – Waiver<br>U1 – Level 1<br>U2 – Level 2<br>U3 – Level 3<br>U4 – Level 4 | U1= $48.06<br>U2= $96.12<br>U3= $144.18<br>U4= $192.24 |
| Z5144 | Home mod/specialized medical equipment supplies assessment/inspection/training, .25 hr=1 unit | T1028 – Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs<br>Short description – Home environment assessment<br>U7 – Waiver | $17.99 |
| Z5146 | Psychological therapy, individual, .25 hr=1 unit | 90804 – 90815<br>U7 – Waiver | $15.45 |

Table 16 – Crosswalked Local Codes Effective January 1, 2004

| Local Procedure Code/Modifier | Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate for the Crosswalked Combination |
|---|---|---|---|
| Z5147 | Psychological therapy, family, .25 hr=1 unit | 90846 – 90849<br>U7 – Waiver | $17.27 |
| Z5148 | Psychological therapy, group, .25 hr=1 unit | 90853 – 90857<br>U7 – Waiver | $4.81 |
| Z5149 | Nutritional counseling, .25 hr=1 unit | S9470 – Nutritional counseling, dietician visit<br>U7 – Waiver | $14.47 |
| Z5151 | Topical application of sealants, per quadrant | D1351 – Sealant, per tooth | $27.75 |
| Z5152 | Pin retention exclusive of amalgam | D2951 – Pin retention, per tooth, in addition to restoration | $28.50 |
| Z5153 | Pin retention exclusive of composite resin | D2951 – Pin retention, per tooth, in addition to restoration | $28.50 |
| Z5155 | Administration of SQ/IM/oral sedation with monitoring, by report | End date | NA |
| Z5156 | Music therapy, .25 hr=1 unit | H2032 – Activity therapy, per 15 minutes<br>U7 – Waiver<br>U1 – Music therapy | $10.78 |
| Z5157 | Recreational therapy, .25 hr =1 unit | H2032 – Activity therapy, per 15 minutes<br>U7 – Waiver<br>U2 – Recreational therapy | $10.78 |
| Z5158 | Community educational/therapeutic activity, 1 hr=1 unit | H0023 – Behavioral health outreach service (planned approach to reach a targeted population)<br>1 unit = 1 activity<br>U7 – Waiver | Manual pricing |
| Z5159 | Specialized medical equipment supplies assessment/inspection/training, .25 hr=1 unit | End date | NA |

Table 16 – Crosswalked Local Codes Effective January 1, 2004

| Local Procedure Code/Modifier | Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate for the Crosswalked Combination |
|---|---|---|---|
| Z5160 | Rent and food expenses of unrelated live-in caregiver, 1 hr=1 unit | T2025 – Waiver services; not otherwise specified (NOS)<br>1 unit = 1 month<br>U7 – Waiver | Manual pricing |
| Z5161 | Community habilitation and participation, home based, individual, QMRP, 1 hr =1 unit | End date | NA |
| Z5162 | Community habilitation and participation, home based, individual, other staff, 1 hr=1 unit | End date | NA |
| Z5163 | Community habilitation and participation, community based, individual, 1 hr=1 unit | T2021 – Day habilitation, waiver; per 15 minutes<br>U7 – Waiver | $6.90 |
| Z5164 | Community habilitation and participation, community based, group, 1 hr=1 unit | T2021 – Day habilitation, waiver; per 15 minutes<br>U7 – Waiver<br>HQ – Group setting | $1.67 |
| Z5165 | Community habilitation and participation, facility based, individual, 1 hr=1 unit | T2021 – Day habilitation, waiver; per 15 minutes<br>U7 – Waiver<br>UA – Provider | $6.90 |
| Z5166 | Community habilitation and participation, facility based, group, 1 hr=1 unit | T2021 – Day habilitation, waiver; per 15 minutes<br>U7 – Waiver<br>UA – Provider<br>HQ – Group setting | $1.34 |
| Z5167 | Residential habilitation and support, agency based, 1 hr=1 unit | End date | NA |
| Z5168 | Residential habilitation and support, home based, QMRP, 1 hr=1 unit | End date | NA |
| Z5169 | Residential habilitation and support, home based, other staff, 1 hr=1 unit | End date | NA |

Table 16 – Crosswalked Local Codes Effective January 1, 2004

| Local Procedure Code/Modifier | Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate for the Crosswalked Combination |
|---|---|---|---|
| Z5170 | Residential habilitation and support, fewer than 35 hours per week, 1 hr=1 unit | T2017 – Habilitation, residential, waiver, per 15 minutes<br>U7 – Waiver | $4.88 |
| Z5171 | Residential habilitation and support, QMRP, fewer than 35 hours per week, 1 hr=1 unit | T2017 – Habilitation, residential, waiver, per 15 minutes<br>U7 – Waiver<br>TF – Intermediate level of care | $6.13 |
| Z5172 | Residential habilitation and support, 35 plus hours per week | T2017 – Habilitation, residential, waiver, per 15 minutes<br>U7 – Waiver<br>TG – Complex/high tech level of care | $4.40 |
| Z5173 | Driver (agency) 1 person | End date | NA |
| Z5174 | Driver (agency) 2-4 people | End date | NA |
| Z5175 | Driver (agency) 5-8 people | End date | NA |
| Z5176 | Driver (agency) 9 or more | End date | NA |
| Z5177 | Crisis intervention, 1 day=1 unit | T2034 – Crisis intervention, waiver; per diem<br>U7 – Waiver | Manual pricing |
| Z5178 | Residential habilitation and support daily rate, 1 day=1 unit | T2016 – Habilitation, residential, waiver, per diem<br>U7 – Waiver | Manual pricing |
| Z5179 | Targeted case management, elderly and disabled, 1/4 hour=1 unit) | T1017 – Targeted case management | $9.21 |
| Z5180 | Residential care per diem, OMPP assigned | H0019 – Behavioral health: long-term residential, non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days, without room and board, per diem | $90.00 |

Table 16 – Crosswalked Local Codes Effective January 1, 2004

| Local Procedure Code/Modifier | Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate for the Crosswalked Combination |
|---|---|---|---|
| Z5181 | Adult foster care level 1, 1 unit=1 month | S5141 – Foster care, adult, per month<br>U7 – Waiver<br>U1 – Level 1 | $1,500.00 |
| Z5182 | Adult foster care level 2, 1 unit=1 month | S5141 – Foster care, adult, per month<br>U7 – Waiver<br>U2 – Level 2 | $2,250.00 |
| Z5183 | Adult foster care level 3, 1 unit=1 month | S5141 – Foster care, adult, per month<br>U7 – Waiver<br>U3 – Level 3 | $3,000.00 |
| Z5184 | Independence assistance services, tier 1, 1 unit=1 month | T2017 – Habilitation, residential, waiver, per 15 minutes<br>U7 – Waiver<br>U1 – Level 1 | $750.00 |
| Z5185 | Independence assistance services, tier 2, 1 unit=1 month | T2017 – Habilitation, residential, waiver, per 15 minutes<br>U7 – Waiver<br>U2 – Level 2 | $1,000.00 |
| Z5186 | Community transition, 1 unit | T2038 – Community transition, waiver; per service<br>U7 – Waiver | $1,000.00 lifetime max. |
| Z5187 | PCP/ISP facilitation, initial, 1 unit | T2024 – Service assessment/plan of care development, waiver<br>1 unit=15 minutes<br>U7 – Waiver | $9.86 * |

Table 16 – Crosswalked Local Codes Effective January 1, 2004

| Local Procedure Code/Modifier | Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate for the Crosswalked Combination |
|---|---|---|---|
| Z5188 | PCP/ISP facilitation, ongoing, 1 unit | T2024 – Service assessment/plan of care development, waiver<br>1 unit=15 minutes<br>U7 – Waiver<br>TS – Follow-up service | $9.56 * |
| Z5189 | TCM NF level of care administration | T1023 – Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter<br>U1 – Level 1 | $9.21 |
| Z5190 | TCM ICF/MR level of care administration | T1023 – Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter<br>U2 – Level 2 | $9.56 |
| Z5191 | Congregate care level 1 | T2033 – Residential care, not otherwise specified (NOS), waiver, per diem<br>U7 – Waiver<br>U1 – Level 1 | $24.49 |
| Z5192 | Congregate care level 2 | T2033 – Residential care, not otherwise specified (NOS), waiver, per diem<br>U7 – Waiver<br>U2 – Level 2 | $29.23 |
| Z5193 | Congregate care level 3 | T2033 – Residential care, not otherwise specified (NOS), waiver, per diem<br>U7 – Waiver<br>U3 – Level 3 | $33.98 |

Table 16 – Crosswalked Local Codes Effective January 1, 2004

| Local Procedure Code/Modifier | Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate for the Crosswalked Combination |
|---|---|---|---|
| Z5194 | Pest control | T2025 – Waiver services, not otherwise specified (NOS)<br>U7 – Waiver<br>U1 – Pest control | $600.00 |
| Z5195 | Waiver transportation, level 1, non-assisted | T2004 – Non-emergency transport; commercial carrier, multi-pass<br>U7 – Waiver<br>U1 – Level 1 (Non-assisted) | $150/month – cap |
| Z5196 | Waiver transportation, <24 hrs, residential, 1st round trip/day | T2004 – Non-emergency transport, commercial carrier, multi-pass<br>U7 – Waiver<br>U3 – Level 3 (1st round trip for <24 hr care) | $8.91/round trip<br>$276.21/month – cap<br>31 days max |
| Z5197 | Waiver transportation <24 hrs residential care – 2nd trip/day | T2004 – Non-emergency transport; commercial carrier, multi-pass<br>U7 – Waiver<br>U4 – Level 4 (2nd round trip for residential care) | $2.00/round trip<br>$62.00/month – cap<br>31 days max |
| Z5198 | Waiver transportation, 1st trip/day service | T2004 – Non-emergency transport; commercial carrier, multi-pass<br>U7 – Waiver<br>U6 – Level 6 (1st round trip/day services) | $8.91/round trip<br>$204.93/month – cap<br>23 days max |
| Z5199 | Waiver transportation, 2nd trip/day service | T2004 – Non-emergency transport, commercial carrier, multi-pass<br>U7 – Waiver<br>U8 – Level 8 (2nd round trip/day service) | $2.00/round trip<br>$46.00/month – cap<br>23 days max |

Table 16 – Crosswalked Local Codes Effective January 1, 2004

| Local Procedure Code/Modifier | Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate for the Crosswalked Combination |
|---|---|---|---|
| Z5202 | DD, TCM, intake waiting list | T1017 – Targeted case management, per 15 mins.<br>U3 – DD, TCM diversion | $9.56/1/4 hr<br>$382.40/month |
| Z5300 | Labial contour stainless steel wire clasp | End date | NA |
| Z5400 | Annual physical in nursing home as required by state Department of Public Welfare | End date | NA |
| Z5490 | Care coordination, transportation for home visit, initial assessment | A0160 – Non-emergency transport, per mile, caseworker or social worker<br>U1 – Level 1 | $.25.00 |
| Z5590 | Care coordination, transportation for home visit, re-assessment | A0160 – Non-emergency transport, per mile, caseworker or social worker<br>U2 – Level 2 | $.25.00 |
| Z5600 | Case management services, aged and disabled, 1/4 hour=1 unit) | T1016 – Case management<br>U7 – Waiver | $9.21 |
| Z5603 | Homemaker (HHA/HSA), 1 hour=1 unit) | S5130 – Homemaker, NOS, each 15 minutes<br>U7 – Waiver<br>UA – Provider | $3.00 |
| Z5604 | Attendant care/personal assistance (HHA/HSA), resid. care/comm. resid. services, 1 hour=1 unit | S5125 – Attendant care services, per 15 minutes<br>U7 – Waiver<br>UA – Provider | $4.00 |
| Z5605 | Respite/homemaker (HHA/HSA), (1 hour=1 unit) | S5150 – Unskilled respite care, not hospice, each 15 minutes<br>U7 – Waiver<br>UA – Provider<br>376J00000X – Homemaker taxonomy | $3.00 |

Table 16 – Crosswalked Local Codes Effective January 1, 2004

| Local Procedure Code/Modifier | Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate for the Crosswalked Combination |
|---|---|---|---|
| Z5606 | Respite/attendant care/personal assistance/resid care/comm. resid. services, 1 hour=1 unit | S5150 – Unskilled respite care, not hospice, each 15 minutes<br>U7 – Waiver<br>UA – Provider<br>3747P1801X – Personal care attendant taxonomy | $4.00 |
| Z5607 | Respite/home health aide (HHA), 1 hour=1 unit) | S5150 – Unskilled respite care, not hospice, each 15 minutes<br>UA – Provider<br>U7 – Waiver<br>374U00000X – Home health aide taxonomy | $4.00 |
| Z5608 | Respite/LPN (HHA), 1 hour=1 unit | End date | NA |
| Z5609 | Respite nursing (HHA), 1 hour=1 unit | T1005 – Respite care services, up to 15 minutes<br>UA – Provider<br>U7 – Waiver<br>TD – RN<br>TE - LPN<br>The provider should submit the rate consistent with the cargiver (RN or LPN). | RN - $7.79<br>LPN – $ 5.91 |
| Z5610 | Respite/NF, per diem | H0045 – Respite care services, not in the home, per diem<br>U7 – Waiver | Manual pricing |
| Z5611 | Aged/Disabled Waiver, respite care/SNF per diem | End date | NA |
| Z5615 | Aged/Disabled Waiver, respite/intermediate care facility, ancillary | End date | NA |
| Z5616 | Aged/Disabled Waiver, respite/skilled nursing facility, Ancillary | End date | NA |

Table 16 – Crosswalked Local Codes Effective January 1, 2004

| Local Procedure Code/Modifier | Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate for the Crosswalked Combination |
|---|---|---|---|
| Z5620 | Personal emergency response system, monthly charge=1 unit | S5161 – Emergency response system (ERS), per month service fee<br>U7 – Waiver | $52.07 |
| Z5621 | Aged/Disabled Waiver (AA/D) direct selection communication | End date | NA |
| Z5622 | Aged/Disabled Waiver (AA/D) scanning communicator | End date | NA |
| Z5623 | Aged/Disabled Waiver (AA/D) encoding communicator | End date | NA |
| Z5624 | Aged/Disabled Waiver (AA/D) speech amplifier | End date | NA |
| Z5625 | Aged/Disabled Waiver (AA/D) electronic speech device | End date | NA |
| Z5626 | Aged/Disabled Waiver (AA/D) standing board/frames | End date | NA |
| Z5627 | Aged/Disabled Waiver (AA/D) adaptive switch device | End date | NA |
| Z5628 | Aged/Disabled Waiver (AA/D) meal preparation aid/appliance | End date | NA |
| Z5629 | Aged/Disabled Waiver (AA/D) specialty adapted locks | End date | NA |
| Z5635 | Home modification/initial | S5165 – Home modifications, per service<br>U7 – Waiver<br>NU – New equipment<br>T2039 – Vehicle modifications, waiver; per service<br>U7 – Waiver | Manual pricing<br><br><br><br>Manual pricing |
| Z5640 | Home modification/maintenance | S5165 – Home modifications, per service<br>U7 – Waiver<br>RP – Replacement and repair | Manual pricing |
| Z5645 | ADS, 1 hour=1 unit | End date | NA |

Table 16 – Crosswalked Local Codes Effective January 1, 2004

| Local Procedure Code/Modifier | Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate for the Crosswalked Combination |
|---|---|---|---|
| Z5650 | Home delivered meals, 1 meal=1 unit) | S5170 – Home delivered meals, including preparation, each meal<br>U7 – Waiver | $4.69 |
| Z5652 | Homemaker, non-agency, 1 hour=1 unit | S5130 – Homemaker, separate service, NOS; per 15 minutes<br>U7 – Waiver | $2.18 |
| Z5653 | Attendant care/personal assistance/resid. care/comm resid. Services, non-agency, 1 hour=1 diapers, briefs, and liners unit | S5125 – Attendant care services, per 15 minutes<br>U7 – Waiver<br>UA – Provider | $2.45 |
| Z5654 | Respite/homemaker, non-agency, 1 hour=1 unit | S5150 – Unskilled respite care, not hospice; per 15 minutes<br>U7 – Waiver<br>376J0000X – Homemaker taxonomy | $2.18 |
| Z5655 | Respite/attendant care/personal assistance, non-agency, 1 hour=1 unit | S5150 – Unskilled respite care, not hospice; per 15 minutes<br>U7 – Waiver<br>3747P1801X – Personal care attendant taxonomy | $2.45 |
| Z5690 | Care Coordination, transportation for home visit, postpartum assessment | A0160 – Non-emergency transportation, per mile, caseworker or social worker | $.25.00 |
| Z5699 | Personal emergency response system, installation | S5160 – Emergency response system, installation and testing only<br>U7 – Waiver | $52.07 |
| Z5700 | Case management services, Autism Waiver, 1/4 hour=1 unit | End date | NA |

Table 16 – Crosswalked Local Codes Effective January 1, 2004

| Local Procedure Code/Modifier | Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate for the Crosswalked Combination |
|---|---|---|---|
| Z5701 | DD Deinstitutional TCM ¼ hr. = 1 unit | T1017 – Targeted case management, each 15 minutes<br>U2 – DD, TCM, deinstitutional | $9.56 – max 40 units/month<br>$382.40/month – cap max 6 months |
| Z5702 | Waiver case management, DD, SS, Autism | T1016 – Case management, each 15 minutes<br>U7 – Waiver | $9.56 |
| Z5703 | Autism Waiver, case management assessment/speech evaluation, 1 assessment | End date | NA |
| Z5704 | Autistic Waiver case management assessment/audiological, 1 assessment) | End date | NA |
| Z5705 | Autistic Waiver respite, home health aide (HHA/HAS), 1 hour | End date | NA |
| Z5706 | Autistic Waiver respite, licensed practical nurse (HHA/HAS) (1 hour) | End date | NA |
| Z5707 | Autistic Waiver respite, registered nurse (HHA/HAS), 1 hour | End date | NA |
| Z5708 | Speech and language therapy (HHA), 1/4 hour=1 unit | 92506 – Medical evaluation speech, language and /or hearing problems<br>U7 – Waiver<br>UA – Provider<br>92507 – Treatment of speech, language, voice communication, and/or auditory processing disorder, includes aural rehabilitation; individual<br>U7 – Waiver<br>UA – Provider | $18.12<br><br><br><br>$18.12 |
| Z5709 | Autistic Waiver audiological therapy (HHA/HAS), 1/4 hour | End date | NA |

Table 16 – Crosswalked Local Codes Effective January 1, 2004

| Local Procedure Code/Modifier | Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate for the Crosswalked Combination |
|---|---|---|---|
| Z5715 | Speech/language therapy (IDDARS/HAB, agency/other, 1/4 hour=1 unit | End date | NA |
| Z5716 | Autism Waiver audiological therapy habilitation, agency, 1/4 hour | End date | NA |
| Z5720 | Respite/attendant care/personal asst., residential care, 1/2 hour=1 unit | End date | NA |
| Z5724 | Day habilitation, structured day prog, individual, 1/4 hour=1 unit | T2021 – Day habilitation, waiver, per 15 minutes<br>U7 – Waiver | $33.52 |
| Z5725 | Day habilitation, structured day prog, group, 1/4 hour=1 unit | T2021 – Day habilitation, waiver, per 15 minutes<br>U7 – Waiver<br>HQ – Group settings | $6.68 |
| Z5726 | Behavior management/program and counseling, 1/4 hour=1 unit) | H0004 – Behavioral health counseling and therapy, per 15 min<br>U7 – Waiver | $17.38 |
| Z5728 | Transportation, day habilitation only, one-way trip=1 unit | End date | NA |
| Z5730 | Autism Waiver, crisis intervention, 1/2 hour | End date | NA |
| Z5799 | Autism Waiver, other | End date | NA |
| Z5900 | Care coordination, initial assessment | End date | NA |
| Z5901 | Care coordination, reassessment | End date | NA |
| Z5902 | Care coordination, postpartum assessment/outcome | End date | NA |
| Z5950 | HIV/AIDs case management, 1/4 hour | G9012 – Coordinated care fee, risk adjusted maintenance, other specified care management | $8.00 |
| Z5951 | Respite, group setting, (1 hour=1 unit) | S5150 – Unskilled respite care; per 15 min<br>U7 – Waiver<br>HQ – Group setting | $1.50 |

Table 16 – Crosswalked Local Codes Effective January 1, 2004

| Local Procedure Code/Modifier | Description | Crosswalked Procedure Code/Modifier/Taxonomy Combination | Rate for the Crosswalked Combination |
|---|---|---|---|
| Z5999 | HMO monthly capitation fee, adult | End date | NA |
| Z6 | HCT/HGB for EPSDT | End date | NA |
| Z6000 | HMO monthly capitation fee, child | End date | NA |
| Z7 | Newborn screen, EPSDT | End date | NA |
| Z7777 | Not otherwise classified optometry services | End date | NA |
| Z8 | EPSDT referable condition | End date | NA |
| Z9000 | HBP codes for anesthesia, radiation therapy, outpatient ER, radiology | End date | NA |
| Z9001 | HBP codes for pathology, psychiatric, surgery | End date | NA |
| Z9002 | HBP codes for psychiatric | End date | NA |
| Z9410 | Round trip mileage to multi/single recipients in non-office location, for example nursing home, home, hospital | End date | NA |
| ZN | Waiver of liability, prohibition against billing, liability of limitation, non-assigned claims. Beneficiary was properly notified in advance that charges may not be considered as reasonable and necessary by Medicare statement on file. | GA – Waiver of liability statement on file | NA |
| ZP | Non-purchase dx test | End date | NA |
| ZR | DME, oxygen interim reasonable | End date | NA |
| ZS | DME, oxygen interim fee | End date | NA |
| ZU | Waiver of liability | GA – Waiver of liability | NA |
| ZX | Medical policy met, documents available | End date | NA |
| ZY | Potential no charge item or service | End date | NA |
| ZZ | Services related to a third surgical opinion | End date | NA |