| **PROCEDURE CODE** | **MODIFIER** | **REVENUE CODE** | **DESCRIPTION** | **UNIT** | **Rates Effective 4/1/2020\*** |
| --- | --- | --- | --- | --- | --- |
| H2014 | U7  |  | Skills Training and Development (Participant Directed Option) | 15 minutes | $14.03 |
| T2040  | U7 |  | Financial Management, self-directed, waiver (Participant Directed Option) | Monthly | $85.09 |
| S5125 | U7 |  | Attendant Care Services (Personal Care Services, Participant Directed Option) | 15 minutes | $4.86\* |
| S5125 | U7 UN |  | Attendant Care Services (Personal Care Services, Participant Directed Option)-2 members served | 15 minutes | $2.67\* |
| S5125 | U7 UP |  | Attendant Care Services (Personal Care Services, Participant Directed Option)-3 members served | 15 minutes | $1.94\* |
| T1019  | U7 | 0589 | Personal Care Services (Agency PSS) | 15 minutes | $6.55\* |
| T1019 | U7 UN | 0589 | Personal Care Services (Agency PSS)- 2 members served | 15 minutes | $3.60\* |
| T1019 | U7 UP | 0589 | Personal Care Services (Agency PSS)-3 members served | 15 minutes | $2.62\* |
| T2022 | U7  |  | Care Coordination | per month | $136.00\*\* |
| S5160 | U7  |  | Personal Emergency Response System, Installation and Testing | 1 unit | Customary Charge, Not to Exceed $45.00 |
| S5161 | U7 |  | Personal Emergency Response System, Service Fee | Monthly | Customary Charge, Not to Exceed $35.00 |
| H0045 | U7  |  | Respite Care Services, not in the home | Per Diem | $219.76\* |

| **PROCEDURE CODE** | **MODIFIER** | **REVENUE CODE** | **DESCRIPTION** | **UNIT** | **Rates Effective 4/1/2020\*** |
| --- | --- | --- | --- | --- | --- |
| T1005 | U7 |  | Respite Care Services, in the home (PSS) | 15 minutes | $6.55, Cost Not to Exceed Cap\* |
| T1005 | U7 UN  |  | Respite Care Services, in the home (PSS)- 2 members served | 15 minutes | $3.60 Cost Not to Exceed Cap\* |
| T1005 | U7 UP  |  | Respite Care Services, in the home (PSS)-3 members served | 15 minutes | $2.62 Cost Not to Exceed Cap\* |
| T1005  | U7 |  | Respite Care Services, in the home-Participant Directed Option | 15 minutes | $4.86 Cost Not to Exceed Cap\* |
| T1005 | U7 UN  |  | Respite Care Services, in the home-Participant Directed Option- 2 members served | 15 minutes | $2.67 Cost Not to Exceed Cap\* |
| T1005 | U7 UP  |  | Respite Care Services, in the home-Participant Directed Option-3 members served | 15 minutes | $1.94 Cost Not to Exceed Cap\* |
| S5165 | U7  |  | Environmental Modifications | Per Service | By report |
| A9279 | U7  |  | Assistive Technology- (Monitoring feature/device, stand alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified) | 1 unit | Per device |
| A9279  | U7 QC  |  | Assistive Technology-Remote Monitoring-Monthly fee | Monthly | Up to $ 500.00 |
| T2035 | U7  |  | Assistive Technology-Transmission (Utility Services) | Monthly | Up to $ 50.00 |
| T1005 | U7  | 0669 | Respite Care, in the home by CNA/Home Health Aide | 15 minutes | $7.06\* |
| T1005 | U7 UN  | 0669 | Respite Care, in the home by CNA/Home Health Aide- 2 members served | 15 minutes | $3.88\* |

| **PROCEDURE CODE** | **MODIFIER** | **REVENUE CODE** | **DESCRIPTION** | **UNIT** | **Rates Effective 4/1/2020\*** |
| --- | --- | --- | --- | --- | --- |
| T1005 | U7 UP  | 0669 | Respite Care, in the home by CNA/Home Health Aide-3 members served | 15 minutes | $2.82\* |
|  |  | 0551 | Skilled Nursing Visit (RN) | Per Visit | $53.60 |
|  |  | 0551 | Skilled Nursing Visit (RN)-2 members served | Per Visit | $29.48 |
|  |  | 0551 | Skilled Nursing Visit (RN)-3 members served | Per Visit | $21.44 |
|  |  | 0559 | Other Nursing (LPN) | Per visit | $39.05 |
|  |  | 0559 | Other Nursing (LPN)-2 members served | Per Visit | $21.48 |
|  |  | 0559 | Other Nursing (LPN)-3 members served | Per Visit | $15.62 |
|  |  | 0421 | Physical Therapy Visit | Per visit | $92.94 |
|  |  | 0431 | Occupational Therapy Visit | Per visit | $98.76 |
|  |  | 0441 | Speech Therapy Visit- Home Health Services | Per visit | $97.34 |
| G0151  | U7 TF  | 0421 | Certified Physical Therapy Assistant- Home Health Services Visit Charge | Per visit | $65.72 |
| G0152  | U7 TF | 0431 | Occupational Therapy Assistant- Home Health Services Visit Charge | Per visit | $69.83 |
| G0156 | U7 TF | 0571 | Home Health Aide Visit – Home Health Services | Per visit | $28.43\* |
| G0156 | U7 TF UN  | 0571 | Home Health Aide Visit- Home Health Services-2 members served | Per visit | $15.64\* |
| G0156 | U7 TF UP | 0571 | Home Health Aide Visit- Home Health Services-3 members served | Per visit | $11.37\* |
| G0155 | U7 TF  | 0561 | Medical Social Services Visit- Home Health Services | Per visit | $84.10 |
| G0299 | U7  | 0551 | Skilled Nursing Visit (R.N.) (Non-Medicare Certified Home Health Agency) - Home Health Services | 15 minutes | $13.74 |
| G0299 | U7 UN  | 0551 | Skilled Nursing Visit (RN) (Non-Medicare Certified Home Health Agency) - Home Health Services- 2 members served | 15 minutes | $7.56 |
| **PROCEDURE CODE** | **MODIFIER** | **REVENUE CODE** | **DESCRIPTION** | **UNIT** | **Rates Effective 4/1/2020\*** |
| S5170 | U7  |  | Home Delivered Meals | Per Meal | $7.64 |
| 98960 | U7 59  |  | Living Well (Chronic Disease Management) | 30 Minutes | $17.09 |
| 98960 | U7 33  |  | Matter of Balance (Falls Prevention) | 30 Minutes | $14.83 |
| G0299 | U7 UP  | 0551 | Skilled Nursing Visit (RN) (Non-Medicare Certified Home Health Agency) - Home Health Services-3 members served | 15 minutes | $5.50 |
| G0300 | U7  | 0559 | Nursing Visit (LPN) (Non-Medicare Certified Home Health Agency) - Home Health Services | 15 minutes | $9.75 |
| G0300 | U7 UN  | 0559 | Nursing Visit (LPN) (Non-Medicare Certified Home Health Agency) - Home Health Services-2 members served | 15 minutes | $5.37 |
| G0300 | U7 UP  | 0559 | Nursing Visit (LPN) (Non-Medicare Certified Home Health Agency) - Home Health Services-3 members served | 15 minutes | $3.90 |
| G0151 | U7  | 0421 | Physical Therapy Visit- Home Health Services | 15 minutes | $12.36 |
| G0152 | U7  | 0431 | Occupational Therapy Visit- Home Health Services | 15 minutes | $12.87 |
| G0153 | U7  | 0441 | Speech Therapy Visit- Home Health Services | 15 minutes | $12.87 |
| T1004 | U7  | 0581 | Certified Nurse’s Aide- Home Health Services | 15 minutes | $7.06\* |
| T1004 | U7 UN | 0581 | Certified Nurse’s Aide- Home Health Services- 2 members served | 15 minutes | $3.88\* |
| T1004 | U7 UP | 0581 | Certified Nurse’s Aide- Home Health Services-3 members served | 15 minutes | $2.82\* |
| G0156 | U7  | 0571 | Home Health Aide- Home Health Services | 15 minutes | $7.06\* |
| G0156 | U7 UN  | 0571 | Home Health Aide- Home Health Services- 2 members served | 15 minutes | $3.88\* |
| G0156 | U7 UP | 0571 | Home Health Aide- Home Health Services- 3 members served | 15 minutes | $2.82\* |
| G0155 | U7  | 0561 | Medical Social Services Visit- Home Health Services | 15 minutes | $11.48 |

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| --- |
| **INDEPENDENT PRACTITIONERS ONLY** |
| **PROCEDURE CODE** | **MODIFIER** | **REVENUE CODE** | **DESCRIPTION** | **UNIT** | **Rates Effective 4/1/2020\*** |
|  |  |  | **INDEPENDENT PRACTITIONERS ONLY** |  |  |
| G0299 | U7  |  | Skilled Nursing Visit (R.N.) - Home Health Services | 15 minutes | $13.74 |
| G0299 | U7 UN |  | Skilled Nursing Visit (RN) - Home Health Services-2 members served | 15 minutes | $7.56 |
| G0299 | U7 UP |  | Skilled Nursing Visit (RN) - Home Health Services-3 members served | 15 minutes | $5.50 |
| G0151 | U7 |  | Physical Therapy Visit- Home Health Services | 15 minutes | $10.80 |
| G0152 | U7 |  | Occupational Therapy Visit- Home Health Services | 15 minutes | $10.60 |
| G0153 | U7 |  | Speech Therapy Visit- Home Health Services | 15 minutes | $11.75 |

**Modifiers Description**

\*\* T**he PMPM reimbursement for care coordination shall be effective prospectively (not 4/1/2020).**

QC Monthly Fee

U7 Indicates Section 19 Services

TF Intermediate Level of Care

U1 Other Qualified Staff

59 Living Well

33 Matter of Balance

UN 2 members served

UP 3 members served