HCPCS Code	Service Description	Modifiers
Acquired Brain Injury / Moving Forward Plan (ABI / MFP) Waivers		
G0156	Home Health Aide	U4 or U8
G0299	Skilled Nursing - RN	U4, U5, U8, or U9
G0300	Skilled Nursing - LPN	U4, U5, U8, or U9
S9128	Speech Therapy (in home setting)	U4, U5, U8, or U9 U1 or U2
S9129	Occupational Therapy (in home setting)	U4, U5, U8, or U9 U1 or U2
S9131	Physical Therapy (in home setting)	U4, U5, U8, or U9 U1 or U2
T1004	Supportive Home Care Aide	U4 or U8
T1019	Personal Care	U4 or U8 U1, U2 or UB
Home Health (HH)		
G0151	Physical Therapist in Home Health Setting	
G0152	Occupational Therapist in Home Health Setting	
G0153	Speech Language Pathologist in Home Health Setting	
G0156	Services of HH Aide in Home Health Setting	
G0156	HH - HH Aide ADL Only Support in Home Health Setting	UD
G0299	Direct Skilled Nursing Services of an RN	UD, U1, U2 or GT
G0299	Telehealth-Direct Skilled Nursing Services of an RN	GT
G0300	Direct Skilled Nursing Services of an LPN	UD, U1, U2 or GT
G0493	HH - RN Observation and Assessment Visit HH	
T1022	RESTRICTED FOR HH ONLY RN specialized services in patient home	
T1502	Admin of Oral, Intramuscular, Subcutaneous Med	GT
T1503	Administration of Medication Other than Oral and/or Injectable	
99509	Emergency PCA by Home Health Agency	

Non Waiver/State Home Care (Enhanced Community Options Program / Home Care Percent Based / Home Care Basic/ Respite Over Income)		
G0156	Services of HH Aide in Home Health Setting	
G0299	Complex Care Training and Oversight by an RN	UB
G0300	Complex Care Training and Oversight by an LPN	UB
S5125	Supportive Home Care Aide, 15 min.	UB
S5130	Homemaker, 15 min.	UB
S5135	Companion, 15 min.	UB
S5135	TeleHealth - Companion, 15 min.	UB, U1
S9129	Home Safety/Independence Evaluation by an OT	UB
T1019	Personal Care, 15 Min	
Frail Elder Waiver (FEW) (Choices / Home Care Basic Waiver)		
G0156	Services of HH Aide in Home Health Setting	
G0299	Complex Care Training and Oversight by an RN	UB
G0300	Complex Care Training and Oversight by an LPN	UB
S5125	Supportive Home Care Aide, 15 min.	UB
S5130	Homemaker, 15 min.	UB
S5135	Companion, 15 min.	UB
S5135	TeleHealth - Companion, 15 min.	UB, U1
S9129	Home Safety/Independence Evaluation by an OT	UB
T1019	Personal Care, 15 Min	
Senior Care Option Frail Elder Waiver (SCO FEW)		
G0156	Services of HH Aide in Home Health Setting	
G0299	Complex Care Training and Oversight by an RN	UB
G0300	Complex Care Training and Oversight by an LPN	UB
S5125	Supportive Home Care Aide, 15 min.	UB
S5130	Homemaker, 15 min.	UB
S5135	Companion, 15 min.	UB
S5135	TeleHealth - Companion, 15 min.	UB, U1
S9129	Home Safety/Independence Evaluation by an OT	UB
T1019	Personal Care, 15 Min	
Group Adult Foster Care (GAFC)		
H0043	GAFC - Per Diem Visit	
Self Directed		
T1019	Personal Care, 15 Min	
Personal Care Attendant (PCA)		
T1019	Personal Care, 15 Min	