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| HCPCS  Code | Service Description | Modifiers |
| Acquired Bra | in 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 |  |
| 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/  Percent Base | State Home Care (Enhanced Community Options Program /  d / Home Care Basic/ Respite Over Income) | Home Care |
| G0156 | Services of HH Aide in Home Health Setting |  |

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| 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 W | aiver (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 Car | e Attendant (PCA) |  |
| T1019 | Personal Care, 15 Min |  |

