

## MMP Waiver Billing Code List



Waiver Service	Billing Code	Modifier	Billing Unit
Adult Day Service Transportation	T2003		1 one-way trip
Adult Day Service Transportation	T2025		1 round-trip
Assisted Living Service - Tier 1	T2031	U1	1 day
Assisted Living Service - Tier 2	T2031	U2	1 day
Assisted Living Service - Tier 3	T2031	U3	1 day
Community Transition Service	T2038		1 completed job order or deposit made
Emergency Response System (pers)	S5161		1 month rental
Emergency Response System (pers)	S5162		ERS device
Emergency Response System (pers)	S5160		installation and testing
Emergency Response System (pers)	S5161	U2	partial month
Emergency Response System, second pendant (pers)	S5161	U3	ERS device
Enhanced Adult Day Service	S5100		15 minutes
Enhanced Adult Day Service	S5101		1/2 day
Enhanced Adult Day Service	S5102		1 day
Home Care Attendant Services, nursing	S5125	N/A	15 minutes
Home Care Attendant Services, personal care tasks	S5125	U8	15 minutes
Home Health Setting, Physical Therapist	G0151		15 minutes
Home Health Setting, Occupational Therapist	G0152		15 minutes
Home Health Setting, Speech/Language Pathologist	G0153		15 minutes

Home Health Setting, Skilled Nurse RN	G0299		15 minutes
Home Health Setting, Skilled Nurse LPN	G0300		15 minutes
Home Health Setting, Social Work Counseling Service	G0155		15 minutes
Home Health Setting, Home Health Aid	G0156		15 minutes
Home Service, chore	S5121		1 job
Home Service, minor modification	S5165		1 completed work order
Homemaker Service	S5130		15 minutes
Independent Living Assistance: In-Person Activities	S5135		15 minutes
Independent Living Assistance: Travel Attendant	S5135	U5	15 minutes
Independent Living Assistance: Telephone Assistance	T2025		1 completed call
Adult Day Service	S5100		15 minutes
Adult Day Service	S5101		1/2 day
Adult Day Service	S5102		1 day
Meals: Home Delivered	S5170		1 meal
Meals: Therapeutic	S5170	U2 or U6	1 meal
Meals: Alternative Meal Service	S5170	U3	1 meal
Meals: Kosher	S5170	U7	1 meal
Nutritional Consultation Service	S9470		15 minutes
Nursing Services by private duty/independent nursing service(s)	T1000		15 minutes
Nursing Services by agency RN	T1002		15 minutes
Nursing Services by agency LPN	T1003		15 minutes
Nursing Services by non-agency RN	T1002		15 minutes
Nursing Services by non-agency LPN	T1003		15 minutes
Personal Care Aide Services by agency personal care aide	T1019		15 minutes
Personal Care Aide Services by non-agency personal care aide	T1019		15 minutes

Supplemental, Home Medical Equipment and Supplies	T1999		1 item
Supplemental, Adaptive and Assistive Device Services	T2029		per item
Out-of-home respite services	H0045		per day
Transportation, medical	T2003		1 one-way trip
Transportation, medical	T2025	U6	1 round trip
Transportation, non-medical	A0100		1 one-way trip
Transportation, non-medical	A0200		1 round-trip
Transportation, non-medical	S0215		per mile
Transportation, non-medical, second passenger	A0100	U2	1 one-way trip
Transportation, non-medical, second passenger	A0200	U2	1 round-trip
RN Assessment	T1001		1 Assessment
RN Consultation	T1001	U9	15 minutes
*Use HQ modifier for group visit as it applies			

\*revised 8/7/2017