Personal Care Agency (PCA) Services HCPCS Code List for EVV

| Services Subject to EVV | HCPCS          | Modifier | Modifier | Modifier | Modifier | Service Description   | Unit                              | <b>EVV Portal/Mobile Connect</b> | HCPCS Code Description   |
|-------------------------|----------------|----------|----------|----------|----------|---|-----------------------------------|----------------------------------|--|
| ocivices subject to Evv | Code           | #1       | #2       | #3       | #4       | Service Description   | Offic                             | Description                      | There is code bescription  |
|                         | Code           | W.       | π2       | πЭ       | W        |   |                                   | Description                      |  |
| ersonal Assistance -    | S5130          |          |          |          |          | Chore   | 1 per 15 minutes                  | PAI CHORE                        | Homemaker service, nos; per 15 minutes   |
| vel I                   | S5130          | UN       |          |          |          | Chore, couple   | 1 per 15 minutes                  | PAI CHORE CPL                    | Homemaker service, nos; per 15 minutes   |
|                         | S5130          | U5       |          |          |          | Chore, special rate   | 1 per 15 minutes                  | PAI CHORE SR                     | Homemaker service, nos; per 15 minutes   |
|                         | S5130          | UA       |          |          |          | Chore, adjusted rate  | 1 per 15 minutes                  | PAI CHORE AR                     | Homemaker service, nos; per 15 minutes   |
|                         | S5130          | UN       | U5       |          |          | Chore, couple, special rate   | 1 per 15 minutes                  | PAI CHORE CPL SR                 | Homemaker service, nos; per 15 minutes   |
|                         | S5130          | UN       | UA       |          |          | Chore, couple, adjusted rate  | 1 per 15 minutes                  | PAI CHORE CPL AR                 | Homemaker service, nos; per 15 minutes   |
|                         | S5135          |          |          |          |          | Companion   | 1 per 15 minutes                  | PAI COMP                         | Companion Care, adult; per 15 minutes  |
|                         | S5135          | U5       |          |          |          | Companion, special rate   | 1 per 15 minutes                  | PAI COMP SR                      | Companion Care, adult; per 15 minutes  |
|                         | S5135          | UA       |          |          |          | Companion, adjusted rate  | 1 per 15 minutes                  | PAI COMP AR                      | Companion Care, adult; per 15 minutes  |
| sonal Assistance -      | S9122          | U2       |          |          |          | Personal assistance   | 1 per 15 minutes                  | PAII                             | Home health aide or certified nurse assistance, providing care in the home; per hour |
| el II                   | S9122          | UN       | U2       |          |          | Personal assistance, couple   | 1 per 15 minutes                  | PAII CPL                         | Home health aide or certified nurse assistance, providing care in the home; per hour |
|                         | S9122          | U5       | U2       |          |          | Personal assistance, special rate   | 1 per 15 minutes                  | PAII SR                          | Home health aide or certified nurse assistance, providing care in the home; per hour |
|                         | S9122          | UA       | U2       |          |          | Personal assistance, adjusted rate  | 1 per 15 minutes                  | PAII AR                          | Home health aide or certified nurse assistance, providing care in the home; per hour |
|                         | S9122          | UN       | U5       | U2       |          | Personal assistance, couple, special rate   | 1 per 15 minutes                  | PAII CPL SR                      | Home health aide or certified nurse assistance, providing care in the home; per hour |
|                         | S9122          | UN       | UA       | U2       |          | Personal assistance, couple, adjusted rate  | 1 per 15 minutes                  | PAII CPL AR                      | Home health aide or certified nurse assistance, providing care in the home; per hour |
| f-Directed Personal     | S5130          | U1       |          |          |          | Chore, self-direct  | 1 per 15 minutes                  | SD PAI CHORE                     | Homemaker service, nos; per 15 minutes   |
|                         | S5135          | U1       |          |          |          | Companion, self-direct  | 1 per 15 minutes                  | SD PAI COMP                      | Companion Care, adult; per 15 minutes  |
|                         | S9122          | U1       | U2       |          |          | Personal assistance, self-direct  | 1 per 15 minutes                  | SD PAII                          | Home health aide or certified nurse assistance, providing care in the home; per hour |
|                         | S9122          | U1       | U4       | U2       |          | Personal assistance, self-direct, nurse delegated task  | 1 per 15 minutes                  | SD PAII ND                       | Home health aide or certified nurse assistance, providing care in the home; per hour |
|                         | S9123          | U2       |          |          |          | Private duty nursing, RN, units   | 1 per 15 minutes                  | PDN RN UNIT                      | Nursing care, in the home, by RN; per hour   |
|                         | S9123          | U6       |          |          |          | Private duty nursing, RN, visit   | 1 per visit                       | PDN RN VISIT                     | Nursing care, in the home, by RN; per hour   |
|                         | S9123          | UN       | U2       |          |          | Private duty nursing, RN, couple  | 1 per 15 minutes                  | PDN RN CPL                       | Nursing care, in the home, by RN; per hour   |
|                         | S9123          | U5       | U2       |          |          | Private duty nursing, RN, special rate  | 1 per 15 minutes                  | PDN RN SR                        | Nursing care, in the home, by RN; per hour   |
|                         | S9123          | UA       | U2       |          |          | Private duty nursing, RN, adjusted rate   | 1 per 15 minutes                  | PDN RN AR                        | Nursing care, in the home, by RN; per hour   |
|                         | S9123          | UN       | U5       | U2       |          | Private duty nursing, RN, couple, special rate  | 1 per 15 minutes                  | PDN RN CPL SR                    | Nursing care, in the home, by RN; per hour   |
|                         | S9123          | UN       | UA       | U2       |          | Private duty nursing, RN, couple, adjusted rate   | 1 per 15 minutes                  | PDN RN CPL AR                    | Nursing care, in the home, by RN; per hour   |
|                         | S9123          | U3       | U2       |          |          | Private duty nursing, RN, skills verification, unit   | 1 per 15 minutes                  | PDN RN SV UNIT                   | Nursing care, in the home, by RN; per hour   |
|                         | S9123          | U3       | U6       |          |          | Private duty nursing, RN, skills verification, visit  | 1 per visit                       | PDN RN SV VISIT                  | Nursing care, in the home, by RN; per hour   |
|                         | S9123          | U3       | U5       | U2       |          | Private duty nursing, RN, skills verification, special rate   | 1 per 15 minutes                  | PDN RN SV SR                     | Nursing care, in the home, by RN; per hour   |
|                         | S9123          | U3       | UA       | U2       |          | Private duty nursing, RN, skills verification, adjusted rate  | 1 per 15 minutes                  | PDN RN SV AR                     | Nursing care, in the home, by RN; per hour   |
|                         | S9123          | U4       | U2       |          |          | Private duty nursing, RN, nurse delegation, unit  | 1 per 15 minutes                  | PDN RN ND UNIT                   | Nursing care, in the home, by RN; per hour   |
|                         | S9123          | U4       | U6       |          |          | Private duty nursing, RN, nurse delegation, visit   | 1 per visit                       | PDN RN ND VISIT                  | Nursing care, in the home, by RN; per hour   |
|                         | S9123          | U4       | U5       | U2       |          | Private duty nursing, RN, nurse delegation, special rate  | 1 per 15 minutes                  | PDN RN ND SR                     | Nursing care, in the home, by RN; per hour   |
|                         | S9123          | 114      | UA       | U2       |          | Private duty nursing, RN, nurse delegation, adjusted rate   | 1 per 15 minutes                  | PDN RN ND AR                     | Nursing care, in the home, by RN; per hour   |
|                         | S9124          | U2       | 071      | 02       |          | Private duty nursing, LPN, units  | 1 per 15 minutes                  | PDN LPN UNIT                     | Nursing care, in the home, by LPN; per hour  |
|                         | S9124          | U6       |          |          |          | Private duty nursing, LPN, visit  | 1 per visit                       | PDN LPN VISIT                    | Nursing care, in the home, by LPN; per hour  |
|                         | S9124          | UN       | U2       |          |          | Private duty nursing, LPN, couple   | 1 per 15 minutes                  | PDN LPN CPL                      | Nursing care, in the home, by LPN; per hour  |
|                         | S9124          | U5       | U2       |          |          | Private duty nursing, LPN, special rate   | 1 per 15 minutes                  | PDN LPN SR                       | Nursing care, in the home, by LPN; per hour  |
|                         | S9124          | UA       | U2       |          |          | Private duty nursing, LPN, adjusted rate  | 1 per 15 minutes                  | PDN LPN AR                       | Nursing care, in the home, by LPN; per hour  |
|                         | S9124          | LIN      | U5       | U2       |          | Private duty nursing, LPN, couple, special rate   | 1 per 15 minutes                  | PDN LPN CPL SR                   | Nursing care, in the home, by LPN; per hour  |
|                         | S9124          | UN       | UA       | U2       |          | Private duty nursing, LPN, couple, adjusted rate  | 1 per 15 minutes                  | PDN LPN CPL AR                   | Nursing care, in the home, by LPN; per hour  |
|                         | S5124<br>S5125 | OIN      |          | 02       |          | Attendant care for children < age 21 only, unskilled  | 1 per 15 minutes                  | ATTND US                         | Attendant care services; per 15 minutes  |
|                         | S5125<br>S5125 | U5       |          |          |          | Attendant care for children < age 21 only, unskilled, special rate  | 1 per 15 minutes                  | ATTND US SR                      | Attendant care services, per 15 minutes  Attendant care services; per 15 minutes     |
|                         | S5125<br>S5125 | UA       |          |          |          | Attendant care for children < age 21 only, unskilled, adjusted rate   | 1 per 15 minutes                  | ATTND US AR                      | Attendant care services; per 15 minutes  Attendant care services; per 15 minutes     |
|                         | S5125<br>S5125 | TD       |          |          |          | Attendant care for children < age 21 only, unskilled, adjusted rate  Attendant care for children < age 21 only, RN, units | 1 per 15 minutes                  | ATTND OS AR ATTND RN UNIT        | Attendant care services; per 15 minutes  Attendant care services; per 15 minutes     |
|                         | S5125<br>S5125 | TD       | U6       |          |          | Attendant care for children < age 21 only, RN, units  Attendant care for children < age 21 only, RN, visit                | 1 per 15 minutes  1 per visit     | ATTND RN VISIT                   |  |
|                         |                | TD       |          |          |          |   |                                   |                                  | Attendant care services; per 15 minutes  |
|                         | S5125          | TD       | U5       |          |          | Attendant care for children < age 21 only, RN, special rate   | 1 per 15 minutes                  | ATTND RN AR                      | Attendant care services; per 15 minutes  |
|                         | S5125          | TC TC    | UA       |          |          | Attendant care for children < age 21 only, RN, adjusted rate  | 1 per 15 minutes                  | ATTND LDN                        | Attendant care services; per 15 minutes  |
|                         | S5125          | TE       |          |          |          | Attendant care for children < age 21 only, LPN  | 1 per 15 minutes 1 per 15 minutes | ATTND LPN ATTND LPN SR           | Attendant care services; per 15 minutes  Attendant care services; per 15 minutes     |
|                         | S5125          | TE       | U5       |          |          | Attendant care for children < age 21 only, LPN, special rate  |                                   |                                  |  |

Personal Care Agency (PCA) Services HCPCS Code List for EVV

| Services Subject to EVV | HCPCS<br>Code | Modifier<br>#1 | Modifier<br>#2 | Modifier<br>#3 | Modifier<br>#4 | Service Description                       | Unit             | EVV Portal/Mobile Connect Description | HCPCS Code Description                              |
|-------------------------|---------------|----------------|----------------|----------------|----------------|---|------------------|---------------------------------------|---|
|                         |               |                |                |                |                |   |                  |                                       |   |
| Respite Care            | S5150*        |                |                |                |                | Respite, unskilled                        | 1 per 15 minutes | RESPITE US                            | Unskilled respite care, not hospice; per 15 minutes |
|                         | S5150*        | UN             |                |                |                | Respite, unskilled, couple                | 1 per 15 minutes | RESPITE US CPL                        | Unskilled respite care, not hospice; per 15 minutes |
|                         | S5150         | U5             |                |                |                | Respite, unskilled, special rate          | 1 per 15 minutes | RESPITE US SR                         | Unskilled respite care, not hospice; per 15 minutes |
|                         | S5150         | UA             |                |                |                | Respite, unskilled, adjusted rate         | 1 per 15 minutes | RESPITE US AR                         | Unskilled respite care, not hospice; per 15 minutes |
|                         | S5150         | UN             | U5             |                |                | Respite, unskilled, couple, special rate  | 1 per 15 minutes | RESPITE US CPL SR                     | Unskilled respite care, not hospice; per 15 minutes |
|                         | S5150         | UN             | UA             |                |                | Respite, unskilled, couple, adjusted rate | 1 per 15 minutes | RESPITE US CPL AR                     | Unskilled respite care, not hospice; per 15 minutes |
|                         | T1005         | TD             |                |                |                | Respite, RN                               | 1 per 15 minutes | RESPITE RN                            | Respite care services; up to 15 minutes             |
|                         | T1005         | TD             | UN             |                |                | Respite, RN, couple                       | 1 per 15 minutes | RESPITE RN CPL                        | Respite care services; up to 15 minutes             |
|                         | T1005         | TD             | U5             |                |                | Respite, RN, special rate                 | 1 per 15 minutes | RESPITE RN SR                         | Respite care services; up to 15 minutes             |
|                         | T1005         | TD             | UA             |                |                | Respite, RN, adjusted rate                | 1 per 15 minutes | RESPITE RN AR                         | Respite care services; up to 15 minutes             |
|                         | T1005         | TD             | UN             | U5             |                | Respite, RN, couple, special rate         | 1 per 15 minutes | RESPITE RN CPL SR                     | Respite care services; up to 15 minutes             |
|                         | T1005         | TD             | UN             | UA             |                | Respite, RN, couple, adjusted rate        | 1 per 15 minutes | RESPITE RN CPL AR                     | Respite care services; up to 15 minutes             |
|                         | T1005         | TE             |                |                |                | Respite, LPN                              | 1 per 15 minutes | RESPITE LPN                           | Respite care services; up to 15 minutes             |
|                         | T1005         | TE             | UN             |                |                | Respite, LPN, couple                      | 1 per 15 minutes | RESPITE LPN CPL                       | Respite care services; up to 15 minutes             |
|                         | T1005         | TE             | U5             |                |                | Respite, LPN, special rate                | 1 per 15 minutes | RESPITE LPN SR                        | Respite care services; up to 15 minutes             |
|                         | T1005         | TE             | UA             |                |                | Respite, LPN, adjusted rate               | 1 per 15 minutes | RESPITE LPN AR                        | Respite care services; up to 15 minutes             |
|                         | T1005         | TE             | UN             | U5             |                | Respite, LPN, couple, special rate        | 1 per 15 minutes | RESPITE LPN CPL SR                    | Respite care services; up to 15 minutes             |
|                         | T1005         | TE             | UN             | UA             |                | Respite, LPN, couple, adjusted rate       | 1 per 15 minutes | RESPITE LPN CPL AR                    | Respite care services; up to 15 minutes             |

<sup>\*</sup>FYI: I/DD waiver also uses S5150 defined as Respite Hourly 1:1 and S5150 UN as Respite Hourly 1:2

Note: MCOs may authorize S5120 Home Maintenance, S5151 Unskilled Respite Care Per Diem and S9125 Respite Care Per Diem but these service codes are not subject to electronic visit verification

| Modifiers     |   |
|---------------|---|
| TD            | RN  |
| TE            | LPN   |
| UN            | Couple  |
| U1            | Self-Direction Self-Direction   |
| U2            | Per 15 Minutes Unit   |
| U3            | Skills Verification   |
| U4            | Nurse Delegation  |
| U5            | Special Rate - a revised rate of payment to accommodate a member's clinical or functional circumstances |
| U6            | Per Visit   |
| UA            | Adjusted Rate - a revised rate of payment   |
| Abbreviations |   |
| AR            | Adjusted Rate   |
| ATTND         | Attendant Care  |
| CHORE         | Chore Services  |
| COMP          | Companion Services  |
| CPL           | Couple  |
| LPN           | Licensed Practical Nurse  |
| ND            | Nurse Delegation  |
| PAI           | Personal Assistance Services Level I  |
| PAII          | Personal Assistance Services Level II   |
| PDN           | Private Duty Nursing  |
| RN            | Registered Nurse  |
| SR            | Special Rate  |
| SV            | Skills Verification   |
| SD            | Self-Directed Services  |
| US            | Unskilled   |

## Home Health Agency (HHA) Services HCPCS Code List for EVV

| Services Subject to EVV | Rev  | HCPCS | Modifier #1 | Service Description  | Unit        | EVV Portal/Mobile          | HCPCS Code Description   |
|-------------------------|------|-------|-------------|--|-------------|----------------------------|--|
|                         | Code | Code  |             |  |             | <b>Connect Description</b> |  |
| Nursing - RN            | 551  | G0299 | U6          | Home health RN, skilled nursing services   | 1 per visit | HH RN                      | Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 min  |
|                         | 551  | G0493 | U6          | Home health RN, observation and assessment   | 1 per visit | HH RN OBS/ASSESS           | Skilled services of a registered nurse (RN) for the observation and assessment of the patient's condition, each 15 min (the change in the patient's condition requires skilled nursing personnel to identify |
|                         |      |       |             |  |             |                            | and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)  |
|                         | 551  | G0495 | U6          | Home health RN, training and/or education  | 1 per visit | HH RN TRAIN/EDU            | Skilled services of a registered nurse (RN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 min  |
| Nursing - LPN           | 551  | G0300 | U6          | Home health LPN, skilled nursing services  | 1 per visit | HH LPN                     | Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 min  |
|                         | 551  | G0494 | U6          | Home health LPN, observation and assessment  | 1 per visit | HH LPN OBS/ASSESS          | Skilled services of a licensed practical nurse (LPN) for the observation and assessment of the patient's condition, each 15 min (the change in the patient's condition requires skilled nursing personnel to |
|                         |      |       |             |  |             |                            | identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)   |
|                         | 551  | G0496 | U6          | Home health LPN, training and/or education   | 1 per visit | HH LPN TRAIN/EDU           | Skilled services of a licensed practical nurse (LPN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 min                                     |
| Physical Therapy        | 421  | G0151 | U6          | Home health physical therapist   | 1 per visit | HH PT                      | Services performed by a qualified physical therapist in the home health or hospice setting, each 15 min  |
|                         | 421  | G0157 | U6          | Home health physical therapist assistant   | 1 per visit | HH PT ASSISTANT            | Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 min  |
|                         | 421  | G0159 | U6          | Home health physical therapist, establishment/delivery of maintenance program          | 1 per visit | HH PT MAINT PRG            | Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes             |
|                         | 421  | S9131 | U6          | Physical therapy in the home   | 1 per visit | PT IN THE HOME             | Physical therapy, in the home, per diem  |
| Speech Therapy          | 441  | G0153 | U6          | Home health speech-language pathologist  | 1 per visit | HH SLP                     | Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 min   |
|                         | 441  | G0161 | U6          | Home health speech-language pathologist, establishment/delivery of maintenance program | 1 per visit | HH SLP MAINT PRG           | Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program,           |
|                         |      |       |             |  |             |                            | each 15 min  |
|                         | 441  | S9128 | U6          | Speech therapy in the home   | 1 per visit | ST IN THE HOME             | Speech therapy, in the home, per diem  |
| Occupational Therapy    | 431  | G0152 | U6          | Home health occupational therapist   | 1 per visit | HH OT                      | Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 min  |
|                         | 431  | G0158 | U6          | Home health occupational therapist assistant   | 1 per visit | HH OT ASSISTANT            | Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 min  |
|                         | 431  | G0160 | U6          | Home health occupational therapist, establishment/delivery of maintenance program      | 1 per visit | HH OT MAINT PRG            | Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes     |
|                         |      |       |             |  |             |                            |  |
|                         | 431  | S9129 | U6          | Occupational therapy in the home   | 1 per visit | OT IN THE HOME             | Occupational therapy, in the home, per diem  |
| Social Worker           | 561  | G0155 | U6          | Home health social worker  | 1 per visit | HH SW                      | Services of clinical social worker in home health or hospice settings, each 15 min   |
| Home Health Aide        | 571  | G0156 | U6          | Home health aide   | 1 per visit | ННА                        | Services of home health/hospice aide under a home health plan of care, each 15 min   |
| Respiratory Therapy     | 581  | S5180 | U6          | Home health respiratory therapy, initial evaluation                                    | 1 per visit | HH RT IN EVAL              | Home health respiratory therapy, initial evaluation  |
|                         | 581  | S5181 | U6          | Home health respiratory therapy  | 1 per visit | HH RT                      | Home health respiratory therapy, nos, per diem   |

| Modifiers     |                            |  |  |  |  |  |  |
|---------------|----------------------------|--|--|--|--|--|--|
| U6            | Per Visit Unit             |  |  |  |  |  |  |
| Abbreviations |                            |  |  |  |  |  |  |
| НН            | Home Health                |  |  |  |  |  |  |
| ННА           | Home Health Aide           |  |  |  |  |  |  |
| IN EVAL       | Initial Evaluation         |  |  |  |  |  |  |
| LPN           | Licensed Practical Nurse   |  |  |  |  |  |  |
| MAINT PROG    | Maintenance Program        |  |  |  |  |  |  |
| OBS/ASSESS    | Observation and Assessment |  |  |  |  |  |  |
| ОТ            | Occupational Therapy       |  |  |  |  |  |  |
| PT            | Physical Therapy           |  |  |  |  |  |  |
| RN            | Registered Nurse           |  |  |  |  |  |  |
| SLP           | Speech- Language Pathology |  |  |  |  |  |  |
| ST            | Speech Therapy             |  |  |  |  |  |  |
| SW            | Social Worker              |  |  |  |  |  |  |
| TRAIN/EDU     | Training and/or Education  |  |  |  |  |  |  |

## Developmental Disabilities Division (DDD) Services HCPCS Code List for EVV

| Developmental Disabilities Division (DL | Jervices HCPC | s coue List jo | I EVV   |           |   |  |
|---|---------------|----------------|---|-----------|---|--|
| Services Subject to EVV                 | HCPCS Code    | Modifier       | Service Description   | Unit      | EVV Portal / Mobile Connect Description | HCPCS Code Description   |
| Personal Assistance/Habilitation (PAB)  | T1019         | U6             | Personal Assistance/Habilitation Level 1 (1:1)                            | 15 Minute |   | Personal care services, per 15 minutes, Medicaid level 6   |
| Personal Assistance/Habilitation (PAB)  | T1019         | U6             | BI Personal Assistance/Habilitation Level 1 (1:1)                         |           | BI PAB Level 1, 1:1                     | Personal care services, per 15 minutes, Medicaid level 6   |
| Personal Assistance/Habilitation (PAB)  | T1019         | U7             | Personal Assistance/Habilitation Level 1 (2:1)                            |           |   | Personal care services, per 15 minutes, Medicaid level 7   |
| Personal Assistance/Habilitation (PAB)  | T1019         | U7             | BI Personal Assistance/Habilitation Level 1 (2:1)                         |           | BI PAB Level 1, 2:1                     | Personal care services, per 15 minutes, Medicaid level 7   |
| Personal Assistance/Habilitation (PAB)  | T1019         | U8             | Personal Assistance/Habilitation Level 1 (3:1)                            |           |   | Personal care services, per 15 minutes, Medicaid level 8   |
| Personal Assistance/Habilitation (PAB)  | T1019         | U8             | BI Personal Assistance/Habilitation Level 1 (3:1)                         |           | BI PAB Level 1, 3:1                     | Personal care services, per 15 minutes, Medicaid level 8   |
| Personal Assistance/Habilitation (PAB)  | T1019         | U9             | Personal Assistance/Habilitation Level 1 (4:1)                            |           |   | Personal care services, per 15 minutes, Medicaid level 9   |
| Personal Assistance/Habilitation (PAB)  | T1019         | U9             | BI Personal Assistance/Habilitation Level 1 (4:1)                         |           | BI PAB Level 1, 4:1                     | Personal care services, per 15 minutes, Medicaid level 9   |
| Personal Assistance/Habilitation (PAB)  | T1019         | UA             | Personal Assistance/Habilitation Level 2 (1:1)                            |           |   | Personal care services, per 15 minutes, Medicaid level 10  |
| Personal Assistance/Habilitation (PAB)  | T1019         | UA             | BI Personal Assistance/Habilitation Level 2 (1:1)                         |           | BI PAB Level 2, 1:1                     | Personal care services, per 15 minutes, Medicaid level 10  |
| Personal Assistance/Habilitation (PAB)  | T1019         | UB             | Personal Assistance/Habilitation Level 2 (2:1)                            |           |   | Personal care services, per 15 minutes, Medicaid level 11  |
| Personal Assistance/Habilitation (PAB)  | T1019         | UB             | BI Personal Assistance/Habilitation Level 2 (2:1)                         |           | BI PAB Level 2, 2:1                     | Personal care services, per 15 minutes, Medicaid level 11  |
| Personal Assistance/Habilitation (PAB)  | T1019         | UC             | Personal Assistance/Habilitation Level 2 (3:1)                            |           |   | Personal care services, per 15 minutes, Medicaid level 12  |
| Personal Assistance/Habilitation (PAB)  | T1019         | UC             | BI Personal Assistance/Habilitation Level 2 (3:1)                         |           | BI PAB Level 2, 3:1                     | Personal care services, per 15 minutes, Medicaid level 12  |
| Personal Assistance/Habilitation (PAB)  | T1019         | UD             | Personal Assistance/Habilitation Level 2 (4:1)                            |           |   | Personal care services, per 15 minutes, Medicaid level 13  |
| Personal Assistance/Habilitation (PAB)  | T1019         | UD             | BI Personal Assistance/Habilitation Level 2 (4:1)                         | 15 Minute | BI PAB Level 2, 4:1                     | Personal care services, per 15 minutes, Medicaid level 13  |
| Personal Assistance/Habilitation (PAB)  | T1019         | U2             | Personal Assistance/Habilitation Level 3 (1:1)                            | 15 Minute | PAB Level 3, 1:1                        | Personal care services, per 15 minutes, Medicaid level 2   |
| Personal Assistance/Habilitation (PAB)  | T1019         | U2             | BI Personal Assistance/Habilitation Level 3 (1:1)                         | 15 Minute | BI PAB Level 3, 1:1                     | Personal care services, per 15 minutes, Medicaid level 2   |
| Personal Assistance/Habilitation (PAB)  | T1019         | U3             | Personal Assistance/Habilitation Level 3 (2:1)                            | 15 Minute | PAB Level 3, 2:1                        | Personal care services, per 15 minutes, Medicaid level 3   |
| Personal Assistance/Habilitation (PAB)  | T1019         | U3             | BI Personal Assistance/Habilitation Level 3 (2:1)                         | 15 Minute | BI PAB Level 3, 2:1                     | Personal care services, per 15 minutes, Medicaid level 3   |
| Personal Assistance/Habilitation (PAB)  | T1019         | U4             | Personal Assistance/Habilitation Level 3 (3:1)                            | 15 Minute | PAB Level 3, 3:1                        | Personal care services, per 15 minutes, Medicaid level 4   |
| Personal Assistance/Habilitation (PAB)  | T1019         | U4             | BI Personal Assistance/Habilitation Level 3 (3:1)                         | 15 Minute | BI PAB Level 3, 3:1                     | Personal care services, per 15 minutes, Medicaid level 4   |
| Personal Assistance/Habilitation (PAB)  | T1019         | U5             | Personal Assistance/Habilitation Level 3 (4:1)                            | 15 Minute | PAB Level 3, 4:1                        | Personal care services, per 15 minutes, Medicaid level 5   |
| Personal Assistance/Habilitation (PAB)  | T1019         | U5             | BI Personal Assistance/Habilitation Level 3 (4:1)                         | 15 Minute | BI PAB Level 3, 4:1                     | Personal care services, per 15 minutes, Medicaid level 5   |
| Personal Assistance/Habilitation (PAB)  | S5125         | U6             | Personal Assistance/Habilitation, 1:1                                     | 15 Minute | PAB 1:1                                 | Attendant care services, per 15 min, Medicaid level 6  |
| Personal Assistance/Habilitation (PAB)  | 99509         | U6             | BI Personal Assistance/Habilitation, 1:1                                  | 15 Minute | BI PAB 1:1                              | Home Visit for assistance with activities of daily living and personal care, Medicaid level 6          |
| Personal Assistance/Habilitation (PAB)  | S5125         | UN             | Personal Assistance/Habilitation, 1:2                                     | 15 Minute | PAB 1:2                                 | Attendant care services, per 15 min, 2 patients  |
| Personal Assistance/Habilitation (PAB)  | 99509         | UN             | BI Personal Assistance/Habilitation, 1:2                                  | 15 Minute | BI PAB 1:2                              | Home Visit for assistance with activities of daily living and personal care, 2 patients                |
| Personal Assistance/Habilitation (PAB)  | S5125         | UP             | Personal Assistance/Habilitation, 1:3                                     | 15 Minute | PAB 1:3                                 | Attendant care services, per 15 min,3 patients   |
| Personal Assistance/Habilitation (PAB)  | 99509         | UP             | BI Personal Assistance/Habilitation 1:3                                   | 15 Minute | BI PAB 1:3                              | Home Visit for assistance with activities of daily living and personal care, 3 patients                |
| Personal Assistance/Habilitation (PAB)  | S5125         | U7             | Personal Assistance/Habilitation, 2:1                                     | 15 Minute | PAB 2:1                                 | Attendant care services, per 15 min, Medicaid level 7  |
| Personal Assistance/Habilitation (PAB)  | 99509         | U7             | BI Personal Assistance/Habilitation, 2:1                                  | 15 Minute | BI PAB 2:1                              | Home Visit for assistance with activities of daily living and personal care, Medicaid level 7          |
| Personal Assistance/Habilitation (PAB)  | S5125         | U4             | Personal Assistance/Habilitation, 3:1                                     | 15 Minute | PAB 3:1                                 | Attendant care services, per 15 min, Medicaid level 4  |
| Personal Assistance/Habilitation (PAB)  | 99509         | U4             | BI Personal Assistance/Habilitation, 3:1                                  | 15 Minute | BI PAB 3:1                              | Home Visit for assistance with activities of daily living and personal care, Medicaid level 4          |
| Personal Assistance/Habilitation (PAB)  | S5125         | HM             | Personal Assistance/ Habilitation, Registered Behavior Technician, 1:1    | 15 Minute | PAB, RBT 1:1                            | Attendant care services, per 15 min, less than bachelor degree level                                   |
| Personal Assistance/Habilitation (PAB)  | 99509         | HM             | BI Personal Assistance/ Habilitation, Registered Behavior Technician, 1:1 | 15 Minute | BI PAB, RBT 1:1                         | Home Visit for assistance with activities of daily living and personal care, less than bachelor degree |
| Personal Assistance/Habilitation (PAB)  | S5125         | U9             | Personal Assistance/ Habilitation, Registered Behavior Technician, 2:1    | 15 Minute | PAB, RBT 2:1                            | Attendant care services, per 15 min, Medicaid level 9  |
| Personal Assistance/Habilitation (PAB)  | 99509         | U9             | BI Personal Assistance/ Habilitation, Registered Behavior Technician, 2:1 | 15 Minute | BI PAB, RBT 2:1                         | Home Visit for assistance with activities of daily living and personal care, Medicaid level 9          |
| Personal Assistance/Habilitation (PAB)  | S5125         | UD             | Personal Assistance/ Habilitation, Registered Behavior Technician, 3:1    |           |   | Attendant care services, per 15 min, Medicaid level 13   |
| Personal Assistance/Habilitation (PAB)  | 99509         | UD             | BI Personal Assistance/ Habilitation, Registered Behavior Technician, 3:1 | 15 Minute | BI PAB, RBT 3:1                         | Home Visit for assistance with activities of daily living and personal care, Medicaid level 13         |
| Respite                                 | S5150         |                | Respite Hourly, 1:1   |           | Respite US                              | Unskilled respite care, not hospice, per 15 min  |
| Respite                                 | T1005         | U1             | BI Respite Hourly, 1:1  | 15 Minute | BI Respite 1:1                          | Respite care, up to 15 min   |
| Respite                                 | S5150         | UN             | Respite Hourly, 1:2   |           | •                                       | Unskilled respite care, not hospice, per 15 min, 2 patients  |
| Respite                                 | T1005         | UN             | BI Respite Hourly, 1:2  | 15 Minute | BI Respite 1:2                          | Respite care, up to 15 min, 2 patients   |
| Respite                                 | S5150         | UP             | Respite Hourly, 1:3   | 15 Minute |   | Unskilled respite care, not hospice, per 15 min, 3 patients  |
| Respite                                 | T1005         | UP             | BI Respite Hourly, 1:3  |           | ·                                       | Respite care, up to 15 min, 3 patients   |
| Respite                                 | T1002         | U8             | Respite Hourly, Registered Nurse, 1:1                                     |           | -                                       | Respite, Hourly, Registered Nurse, 1:1   |
| Respite                                 | T1002         | U2             | BI Respite Hourly, Registered Nurse, 1:1                                  |           | •                                       | Respite, Hourly, Registered Nurse, 1:1   |
| Respite                                 | T1002         | U9             | Respite Hourly, Registered Nurse, 1:2                                     |           |   | Respite, Hourly, Registered Nurse, 1:2   |
| Respite                                 | T1002         | U3             | BI Respite Hourly, Registered Nurse, 1:2                                  |           |   | Respite, Hourly, Registered Nurse, 1:2   |
| Respite                                 | T1002         | UA             | Respite Hourly, Registered Nurse, 1:3                                     |           | •                                       | Respite, Hourly, Registered Nurse, 1:3   |
| Respite                                 | T1002         | U4             | BI Respite Hourly, Registered Nurse, 1:3                                  |           | ·                                       | Respite, Hourly, Registered Nurse, 1:3   |
| Respite                                 | T1002         | UB             | Respite Hourly, Licensed Practical Nurse, 1:1                             |           |   | Respite, Hourly, Licensed Practical Nurse, 1:1   |
| Respite                                 | T1002         | U5             | BI Respite Hourly, Licensed Practical Nurse, 1:1                          |           |   | Respite, Hourly, Licensed Practical Nurse, 1:1   |
| Respite                                 | T1002         | UC             | Respite Hourly, Licensed Practical Nurse, 1:2                             |           |   | Respite, Hourly, Licensed Practical Nurse, 1:2   |
| Respite                                 | T1002         | U6             | BI Respite Hourly, Licensed Practical Nurse, 1:2                          | 15 Minute | BI Respite, LPN 1:2                     | Respite, Hourly, Licensed Practical Nurse, 1:2   |

## Developmental Disabilities Division (DDD) Services HCPCS Code List for EVV

| Developmental Disabilities Division ( | JUDI Services HEPCS | coue List je |   |           |                     |  |
|---------------------------------------|---------------------|--------------|---|-----------|---------------------|--|
|                                       |                     |              |   |           | EVV Portal / Mobile |  |
| Services Subject to EVV               | HCPCS Code          | Modifier     | Service Description   | Unit      | Connect Description | HCPCS Code Description   |
| Respite                               | T1002               | UD           | Respite Hourly, Licensed Practical Nurse, 1:3               | 15 Minute | Respite, LPN 1:3    | Respite, Hourly, Practical Nurse, 1:3  |
| Respite                               | T1002               | U7           | BI Respite Hourly, Licensed Practical Nurse, 1:3            | 15 Minute | BI Respite, LPN 1:3 | Respite, Hourly, Practical Nurse, 1:3  |
| Chore                                 | S5120               | U2           | Chore   | 15 Minute | Chore               | Chore services, per 15 min., Medicaid level 2  |
| Chore                                 | S5120               | U1           | BI Chore  | 15 Minute | BI Chore            | Chore services, per 15 min., Medicaid level 1  |
| Private Duty Nursing (PDN)            | T1000               | U5           | Private Duty Nursing, Registered Nurse, 1:1                 | 15 Minute | PDN, RN 1:1         | Private Duty Nursing, Registered Nurse, 1:1  |
| Private Duty Nursing (PDN)            | T1000               | U1           | BI Private Duty Nursing, Registered Nurse, 1:1              | 15 Minute | BI PDN, RN 1:1      | Private Duty Nursing, Registered Nurse, 1:1  |
| Private Duty Nursing (PDN)            | T1000               | U6           | Private Duty Nursing, Registered Nurse, 1:2                 | 15 Minute | PDN, RN 1:2         | Private Duty Nursing, Registered Nurse, 1:2  |
| Private Duty Nursing (PDN)            | T1000               | U2           | BI Private Duty Nursing, Registered Nurse, 1:2              | 15 Minute | BI PDN, RN 1:2      | Private Duty Nursing, Registered Nurse, 1:2  |
| Private Duty Nursing (PDN)            | T1000               | U7           | Private Duty Nursing, Licensed Practical Nurse, 1:1         | 15 Minute | PDN, LPN 1:1        | Private Duty Nursing, Licensed Practical Nurse, 1:1  |
| Private Duty Nursing (PDN)            | T1000               | U3           | BI Private Duty Nursing, Licensed Practical Nurse, 1:1      | 15 Minute | BI PDN, LPN 1:1     | Private Duty Nursing, Licensed Practical Nurse, 1:1  |
| Private Duty Nursing (PDN)            | T1000               | U8           | Private Duty Nursing, Licensed Practical Nurse, 1:2         | 15 Minute | PDN, LPN 1:2        | Private Duty Nursing, Licensed Practical Nurse, 1:2  |
| Private Duty Nursing (PDN)            | T1000               | U4           | BI Private Duty Nursing, Licensed Practical Nurse, 1:2      | 15 Minute | BI PDN, LPN 1:2     | Private Duty Nursing, Licensed Practical Nurse, 1:2  |
| Respite-Consumer Directed             | S5150               | UA           | Respite, Hourly, Consumer-Directed, 1:1                     | 15 Minute | CD, Respite 1:1     | Unskilled respite care, not hospice, per 15 min; Medicaid level 10                               |
| Respite-Consumer Directed             | T1005               | UA           | BI Respite, Hourly, Consumer-Directed, 1:1                  | 15 Minute | BI CD, Respite 1:1  | Respite care, up to 15 min, Medicaid level 10  |
| Respite-Consumer Directed             | S5150               | UB           | Respite, Hourly, Consumer-Directed, 1:2                     | 15 Minute | CD, Respite 1:2     | Unskilled respite care, not hospice, per 15 min; Medicaid level 11                               |
| Respite-Consumer Directed             | T1005               | UB           | BI Respite, Hourly, Consumer-Directed, 1:2                  | 15 Minute | BI CD, Respite 1:2  | Respite care, up to 15 min, 2 patients, Medicaid level 11  |
| Chore-Consumer Directed               | S5120               | U4           | Chore, Consumer-Directed                                    | 15 Minute | CD, Chore           | Chore services, per 15 min., Medicare level 4  |
| Chore-Consumer Directed               | S5120               | U3           | BI Chore, Consumer-Directed                                 | 15 Minute | BI CD, Chore        | Chore services, per 15 min., Medicare level 3  |
| PAB-Consumer Directed                 | S5125               | U1           | Personal Assistance/Habilitation, Consumer-Directed, 1:1    | 15 Minute | CD, PAB 1:1         | Attendant care services, per 15 min, Medicaid level 1  |
| PAB-Consumer Directed                 | 99509               | U1           | BI Personal Assistance/Habilitation, Consumer-Directed, 1:1 | 15 Minute | BI CD, PAB 1:1      | Home Visit for assistance with activities of daily living and personal care, Medicaid level 1    |
| PAB-Consumer Directed                 | S5125               | 51           | Personal Assistance/Habilitation, Consumer-Directed, 1:2    | 15 Minute | CD, PAB 1:2         | Attendant care services, per 15 min, multiple procedures   |
| PAB-Consumer Directed                 | 99509               | 51           | BI Personal Assistance/Habilitation, Consumer-Directed, 1:2 | 15 Minute | BI CD, PAB 1:2      | Home Visit for assistance with activities of daily living and personal care, multiple procedures |