



Department of Health

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September 22, 2017

Subject: Revision to Universal Billing Codes for
Home Care and Adult Day Health Care Services

Dear Providers and Plans:

This is to advise providers and plans of the revision of billing codes as set forth in the original release date of January 3, 2017 by the Department of Health. As you are aware, the New York State Public Health Law has been amended to require universal standards for coding of payment for home and community based long term care services claims. Specifically, it requires these codes to be based on universal billing codes approved by the Health Department and be consistent with any codes developed as part of the uniform assessment system for long term care established by the Department. Claims under contracts or agreements between long term care providers and managed long term care plans or managed care plans are required to be processed using the universal standards for coding of payments. In addition, the Public Health Law has been amended to require **electronic payments** of claims under contracts or agreements between long term care providers and managed long term care plans or managed care plans. These payments are required to be paid via electronic funds transfer.

Attached is a final set of universal codes for Long Term Care Services with respective modifiers (Attachment A) and Adult Day Health Care with respective modifiers (Attachment B).

The Department is requiring the implementation of billing codes by **January 1, 2018**.

If there are questions regarding the implementation deadline of these billing codes, please notify the Department immediately by email to nfrates@health.ny.gov with the subject heading: Home Care Billing Codes.

Sincerely,

John E. Ulberg Jr.
Medicaid Chief Financial Officer
Division of Finance and Rate Setting
Office of Health Insurance Programs

Attachment A

HOME CARE BILLING CODES AND MODIFIERS				
Service Type	Unit of Measurement	Procedure Code	Procedure Code Description	Modifier
Personal Care Aide Level I (Homemaker/Housekeeper)				
PCS Level I - 15 Minutes	Per 15 minutes	S5130	Homemaker service, NOS; per 15 minutes	U1
PCS Level I Two Client	Per 15 minutes	S5130	Homemaker service, NOS; per 15 minutes	U2
PCS Level I Multiple Client	Per 15 minutes	S5130	Homemaker service, NOS; per 15 minutes	U3
PCS Level I Weekend/Holiday	Per 15 minutes	S5130	Homemaker service, NOS; per 15 minutes	TV
Personal Care Aide Level II				
PCS Level II Basic - 15 Minutes	Per 15 minutes	T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	U1
PCS Level II Basic Two Client	Per 15 minutes	T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	U2
PCS Level II Multiple Client	Per 15 minutes	T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	U3
PCS Level II Weekend/Holiday	Per 15 minutes	T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	TV
PCS Level II Hard to Serve	Per 15 minutes	T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	U4
PCS Level II Two Client Hard to Serve	Per 15 minutes	T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	U5
PCS Level II Live in	Per diem (13 hours)	T1020 *	Personal care services, per diem, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	NONE
PCS Level II Live in Two Client	Per diem (13 hours)	T1020 *	Personal care services, per diem, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	U2
PCS Level II Live in Weekend/Holiday	Per diem (13 hours)	T1020 *	Personal care services, per diem, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	TV

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HOME CARE BILLING CODES AND MODIFIERS				
Service Type	Unit of Measurement	Procedure Code	Procedure Code Description	Modifier
PCS Level II Live in Two Client Hard to Serve	Per diem (13 hours)	T1020 *	Personal care services, per diem, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	U5

Attachment A

HOME CARE BILLING CODES AND MODIFIERS				
Service Type	Unit of Measurement	Procedure Code	Procedure Code Description	Modifier
Consumer Directed Personal Assistant				
CDPA Basic - 15 Minutes	Per 15 minutes	T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	U6
CDPA Enhanced	Per 15 minutes	T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	U8
CDPA Two Consumer	Per 15 minutes	T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	U7
CDPA Two Consumer Enhanced	Per 15 minutes	T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	U9
CDPA Live in	Per diem (13 hours)	T1020 *	Personal care services, per diem, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	U6
CDPA Live in Enhanced	Per diem (13 hours)	T1020 *	Personal care services, per diem, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	U8
CDPA Live in Two Consumer	Per diem (13 hours)	T1020 *	Personal care services, per diem, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	U7
CDPA Live in Two Consumer Enhanced	Per diem (13 hours)	T1020 *	Personal care services, per diem, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	U9

*T1020 Per diem rate code may not be used if a personal care aide or personal assistant is not able to meet the sleep requirements required in Fair Labor Standards Act (FLSA).

Attachment A

HOME CARE BILLING CODES AND MODIFIERS				
Service Type	Unit of Measurement	Procedure Code	Procedure Code Description	Modifier
Home Health Aide				
HHA - 15 minutes	Per 15 minutes	S5125	Attendant care services; per 15 minutes	NONE
HHA	Per hour	S9122	Home health aide or certified nurse assistant, providing care in the home; per hour	NONE
HHA Two Client	Per 15 minutes	S5125	Attendant care services; per 15 minutes	U2
HHA - Live in	Per diem (13 hours)	S5126	Attendant care services; per diem	NONE
HHA Live in Two Client	Per diem (13 hours)	S5126	Attendant care services; per diem	U2
Advanced Home Health Aide	Per hour	S9122	Home health aide or certified nurse assistant, providing care in the home; per hour	U1
Nursing Services				
Nursing Assessment/Evaluation	Per visit	T1001	Nursing Assessment/evaluation	NONE
UAS Assessment	Per visit	T2024	T1001-Nursing Assessment/evaluation. T2024-Service Assessment/plan of care development.	NONE
UAS Reassessment	Per visit	T2024	T1001-Nursing Assessment/evaluation. T2024-Service Assessment/plan of care development.	NONE
Nursing Care in Home (RN)	Per diem (13 hours)	T1030	Nursing care, in the home, by registered nurse, per diem	NONE
RN	Per hour	S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)	NONE
RN - 15 minutes	Per 15 minutes	T1002	RN services, up to 15 minutes	NONE
Nursing Care in Home (LPN)	Per diem (13 hours)	T1031	Nursing care, in the home, by licensed practical nurse, per diem	NONE
LPN	Per hour	S9124	Nursing Care, in the home; by licensed practical nurse, per hour	NONE
LPN - 15 minutes	Per 15 minutes	T1003	LPN/LVN services, up to 15 minutes	NONE
Home Health Care Services				
Occupational Therapy	Per visit	S9129	Occupational therapy, in the home, per diem	NONE
Physical Therapy	Per visit	S9131	Physical therapy, in the home, per diem	NONE
Speech Therapy	Per visit	S9128	Speech therapy, in the home, per diem	NONE
Respiratory Therapy	Per 15 minutes	G0237	Therapeutic procedures to increase strength or endurance of respiratory muscles, one-on-one, face-to-face, per 15 minutes (includes monitoring)	NONE
Respiratory Therapy	Per 15 minutes	G0238	Therapeutic procedures to improve respiratory function, other than described by G0237, one-on-one, face-to-face, per 15 minutes (includes monitoring)	NONE
Nutritional Counseling	Per visit	S9470	Nutritional counseling, dietician visit	NONE
Medical Social Services	Per visit	S9127	Social work visit, in the home, per diem	NONE
Sign Language/Oral Interpreter	Per 15 minutes	T1013	Sign language or oral interpretive services, per 15 minutes	NONE
Social and Environmental Supports -Home Modification	Per service	S5165	Home modifications; per service	NONE
Social and Environmental Supports -Assessment	Per service	T1028	Assessment of home, physical and family environment, to determine suitability to meet patients medical needs	NONE

Attachment A

HOME CARE BILLING CODES AND MODIFIERS				
Service Type	Unit of Measurement	Procedure Code	Procedure Code Description	Modifier
Telehealth				
Installation	Per service	S9110	Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support; per month	NONE
Monitoring	Monthly	S9110	Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support; per month	U1
Medication Dispensers				
Installation	One Time	T1505	Electronic medication compliance management device, includes all components and accessories, not otherwise classified	NONE
Monitoring	Monthly	S5185	Medication reminder service, nonface-to-face; per month	NONE

Attachment A

Note: For modifiers that state "as defined by each state", please refer to the column labeled NYS Definition. Each program utilizes modifiers for their specific program. Modifiers may be utilized more than once and are unique based on individual program

Modifier Descriptions			
Personal Care Aide Level I (Homemaker/Housekeeper)			
Modifier	Modifier Description	NYS Definition	Notes
U1	Medicaid level of care 1, as defined by each state	This rate code modifier will be used for the provision of personal care Level I for basic services.	
U2	Medicaid level of care 2, as defined by each state	This rate code modifier will be used for the provision of personal care Level I services to one of two clients in the same household where both clients are receiving personal care services from the same aide.	
U3	Medicaid level of care 3, as defined by each state	This rate code modifier will be used for the provision of personal care Level I services for each personal care recipient who resides with other personal care recipients in a designated geographic area, such as in the same apartment building.	
TV	Special payment rate, holidays/weekends		This rate code modifier will be used for the provision of personal care Level I services on weekends (defined as between Saturday 8 a.m. to Monday 8 a.m.) and designated holidays.

Attachment A

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Modifier Descriptions			
Personal Care Aide Level II			
Modifier	Modifier Description	NYS Definition	Notes
U1	Medicaid level of care 1, as defined by each state	This rate code modifier will be used for the provision of personal care Level II for basic services.	
U2	Medicaid level of care 2, as defined by each state	This rate code modifier will be used for the provision of personal care Level II services to one of two clients in the same household where both clients are receiving personal care services from the same aide.	
U3	Medicaid level of care 3, as defined by each state	This rate code modifier will be used for the provision of personal care Level II services for each personal care recipient who resides with other personal care recipients in a designated geographic area, such as in the same apartment building.	
U4	Medicaid level of care 4, as defined by each state	This rate code modifier will be used for the provision of personal care Level II services for clients who have exceptional needs and/or are in exceptional circumstances, such as the following situations: (1) a client is left alone in the community in a life-threatening situation, and services must be provided within four hours; (2) a client has severe mental or physical diagnosis or has several documented social and/or behavioral problems which make him or her extremely difficult to serve; or (3) a client resides in a problematic environment which may include housing or geography or be influenced by the behavior or problems of family members residing with the client.	
U5	Medicaid level of care 5, as defined by each state	This rate code modifier will be used for the provision of personal care Level II care services to one of two clients in the same household where both clients are receiving personal care services from the same aide and where at least one of the clients has exceptional needs and/or is in exceptional circumstances, such as the following situations: (1) a client is left alone in the community in a life-threatening situation, and services must be provided within four hours; (2) a client has severe mental or physical diagnosis or has several documented social and/or behavioral problems which make him or her extremely difficult to serve; or (3) a client resides in a problematic environment which may include housing or geography or be influenced by the behavior or problems of family members residing with the client.	
TV	Special payment rate, holidays/weekends		This rate code modifier will be used for the provision of personal care Level I or Level II services on weekends (defined as between Saturday 8 a.m. to Monday 8 a.m.) and designated holidays.

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Modifier Descriptions			
Consumer Directed Personal Assistant			
Modifier	Modifier Description	NYS Definition	Notes
U6	Medicaid level of care 6 , as defined by each state	This rate code modifier will be used for the provision of consumer directed personal assistance services for basic services.	
U7	Medicaid level of care 7 , as defined by each state	This rate code modifier will be used for the provision of consumer directed personal assistance services to one of two consumers in the same household where both consumers are receiving personal assistance services from the same personal assistant.	
U8	Medicaid level of care 8, as defined by each state	This rate code modifier will be used for the provision of consumer directed personal care services for consumers who have exceptional needs and/or are in exceptional circumstances, such as the following situations: (1) a consumer has a documented inability to hire or retain sufficient staff, where the consumer can document that attempts have been made and that the wage rate is directly responsible for the inability to hire or retain staff and provided further that the consumer is at a nursing home level of care and therefore the lack of sufficient staff will result in institutionalization; (2) a consumer has severe mental and/or physical diagnosis or has several documented social and/or behavioral problems which make him or her extremely difficult to serve; or (3) a consumer resides in a problematic environment which may include housing or geography, or be influenced by the behavior or problems of family members residing with the consumer.	

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Modifier Descriptions			
U9	Medicaid level of care 9, as defined by each state	<p>This rate code modifier will be used for the provision of consumer directed personal assistance services to one of two consumers in the same household where both consumers are receiving personal assistance services from the same personal assistant and where at least one of the consumers has exceptional needs and/or is in exceptional circumstances, such as the following situations: (1) a consumer has a documented inability to hire or retain sufficient staff, where the consumer can document that attempts have been made and that the wage rate is directly responsible for the inability to hire or retain staff and provided further that the consumer is at a nursing home level of care and therefore the lack of sufficient staff will result in institutionalization; (2) a consumer has severe mental and/or physical diagnosis or has several documented social and/or behavioral problems which make him or her extremely difficult to serve; or (3) a consumer resides in a problematic environment which may include housing or geography, or be influenced by the behavior or problems of family members residing with the consumer.</p>	

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Note: For modifiers that state "as defined by each state", please refer to the column labeled NYS Definition. Each program utilizes modifiers for their specific program. Modifiers may be utilized more than once and are unique based on individual program

Modifier Descriptions			
Telehealth			
Modifier	Modifier Description	NYS Definition	Notes
U1	Medicaid level of care 1, as defined by each state	This rate code modifier would be used for the monthly fee of telemonitoring of patient.	
Home Health Aide			
Modifier	Modifier Description	NYS Definition	Notes
U1	Medicaid level of care 1, as defined by each state	This rate code modifier would be used for the provision of Advanced Home Health Aide services on an hourly basis.	
U2	Medicaid level of care 2, as defined by each state	This rate code modifier will be used for the provision of personal care Level I or Level II services to one of two clients in the same household where both clients are receiving personal care services from the same aide.	

Attachment B

ADULT DAY HEALTH CARE BILLING CODES AND MODIFIERS				
Service Type	Unit of Measurement	Procedure Code	Procedure Code Description	Modifier
Adult Day Health Care - Basic Level	Per Diem	S5102	Day care services, adult; per diem	U1
Adult Day Health Care - Standard Level	Per Diem	S5102	Day care services, adult; per diem	U2
Adult Day Health Care - Intensive Level	Per Diem	S5102	Day care services, adult; per diem	U3

Attachment B

Modifier Descriptions		
ADULT DAY HEALTH CARE PROGRAM		
Modifiers	Modifier Description	NYS Definition
U1	Medicaid level of care 1, as defined by each state	Services will include, personal care, supervision and monitoring, socialization, meals, therapeutic recreation activities.
U2	Medicaid level of care 2, as defined by each state	All services in basic level and all ADHC core services listed under 425.5.
U3	Medicaid level of care 3, as defined by each state	All in basic and standard levels. Intensive skilled nursing, including, but not limited to: tube feeds, wound care, hooyer, marisa or sara lifts, TB screening and on going follow up, palliative care.