

Current Code	TOS	Current Code Description	Code to Use	Pricing Mod	Info Mod	Code Definition	UOS
92507	Commcare Waiver	Speech and Language Therapy - COMMCARE	92507			Treatment of Speech, language, voice, communication and/or auditory processing disorder (Includes aural rehabilitation); individual	15 min
97532	Commcare Waiver	Cognitive Therapy - COMMCARE	97532			Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training), direct (one-on-one) patient contact by the provider	15 min
T1005	Commcare Waiver	Respite care services, (Consumer) COMMCARE	S5150			Unskilled respite care, not hospice; per 15 minutes	per 15 min
T1005	Commcare Waiver	Respite (CSLA)- COMMCARE	T1005		TT	Respite care services, up to 15 minutes	per 15 min
T1005	Commcare Waiver	Respite care services, (Agency) - COMMCARE	T1005			Respite care services, up to 15 minutes	per 15 min
W0700	Michael Dallas Waiver	R.N.,Private Duty Nursing - Michael Dallas Model Waiver Program	T1000		TD	Private duty / independent nursing service(s) - licensed, up to 15 minutes	per 15 min
W0701	Michael Dallas Waiver	L.P.N.,Private Duty Nursing - Michael Dallas Model Waiver Program	T1000		TE	Private duty / independent nursing service(s) - licensed, up to 15 minutes	per 15 min
W0703	Michael Dallas Waiver	Case Management - Michael Dallas Model Waiver	T1017			Targeted case management, each 15 minutes	per 15 min
W0705	Michael Dallas Waiver	DME and supplies - Michael Dallas Model Waiver	A9900			Miscellaneous DME supply, accessory, and/or service component of another HCPCS code	per misc supply
W1700	PA Dept of Aging Waiver	Personal Care Services provided in a consumer's home by a qualified person who is under the supervision of a Registered Nurse. Unit of Service - 15 min	W1700			Personal Care Services provided in a consumer's home by a qualified person who is under the supervision of a Registered Nurse. Unit of Service - 15 min	per 15 min
W1701	PA Dept of Aging Waiver	A generic code for personal care services provided in a consumer's home by a qualified person who is under the supervision of a Registered Nurse. This code is for units of service that are greater than hourly, such as, a 24 hr shift, weekly shift or other.	W1701			A generic code for personal care services provided in a consumer's home by a qualified person who is under the supervision of a Registered Nurse. This code is for units of service that are greater than hourly, such as, a 24 hr shift, weekly shift or other.	one shift
W1702	PA Dept of Aging Waiver	Respite services provided in a consumer's home to relieve family members or primary caregivers who normally provide care. Services are provided for less than 24 hrs. Unit of service - 15 min.	W1702			Respite services provided in a consumer's home to relieve family members or primary caregivers who normally provide care. Services are provided for less than 24 hrs. Unit of service - 15 min.	per 15 min
W1703	PA Dept of Aging Waiver	A generic code for respite services provided in a consumer's home to relieve family members or primary caregivers who normally provide care. This code is for units of service that are greater than hourly, such as, a 24 hr shift, weekly shift or other.	W1703			A generic code for respite services provided in a consumer's home to relieve family members or primary caregivers who normally provide care. This code is for units of service that are greater than hourly, such as, a 24 hr shift, weekly shift or other.	per diem
W1704	PA Dept of Aging Waiver	Respite services provided in an approved long term care facility to relieve family members or primary caregivers who normally provide care. Unit of Service 24 hours.	S5151			Unskilled respite care, not hospice; per diem	per diem
W1713	PA Dept of Aging Waiver	Medical and surgical supplies that are not listed on the state Plan. Unit of service = one item	A4649			Surgical supply, miscellaneous	one item
W1713	PA Dept of Aging Waiver	Medical and surgical supplies that are not listed on the state Plan. Unit of service = one item	T2028			Specialized supply, NOS, waiver	one item
W1714	PA Dept of Aging Waiver	Durable Medical Equipment that is not listed on the State Plan. Unit of service - one item.	E1399			Durable Medical Equipment, miscellaneous	one item

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W1717	PA Dept of Aging Waiver	Generic Medical Equipment and Supplies that are not listed on the State Plan and do not fit into the categories of medical and surgical supplies, durable medical equipment orthotic devices or prosthetic devices.	T2028			Specialized supply, NOS, waiver	one item
W1736	PA Dept of Aging Waiver	Services of a home health aide - Must be supervised by a RN. Unit of service - 1/4 hour	G0156		TU, or TV, or UJ	Services of home health aide in home health setting, each 15 minutes	per 15 min
W1737	PA Dept of Aging Waiver	L.P.N. Unit of service - 15 min	T1003		TU or TV or UJ	LPN/LVN services, up to 15 minutes	per 15 min
W1738	PA Dept of Aging Waiver	R.N. Basic Evaluation. Unit of Service - Visit	T1001		TU or TV or UJ	Nursing assessment / evaluation	per visit
W1739	PA Dept of Aging Waiver	R.N. Specialist Evaluation Unit of Service - Visit	T1001		TU or TV or UJ	Nursing assessment / evaluation	per visit
W1740	PA Dept of Aging Waiver	Physical Therapy, Unit of Service - Visit	S9131			Physical therapy; in the home, per diem	per diem
W1743	PA Dept of Aging Waiver	Generic code for other home health costs. Unit of Service - Visit	99600		TU, or TV, or UJ	Unlisted home visit service or procedure	per visit
W1750	PA Dept of Aging Waiver	Generic code for all other counseling activities or therapies that aren't listed. This code includes counseling over the telephone. Unit of service - per contact.	H0046			Mental health services, not otherwise specified	per contact
W1792	PA Dept of Aging Waiver	Attendant Care - Combination Option	S5125			Attendant care services; per 15 minutes	per 15 min
W1792	Attendant Care Waiver	Attendant Care - Combination Option Attendant Care (Consumer) - Attendant Care	S5125			Attendant Care Services; per 15 min	per 15 min
W1792	Commcare Waiver	Personal Care Services (Consumer) - COMMCARE	S5125			Attendant Care Services; per 15 min	per 15 min
W1793	PA Dept of Aging Waiver	Attendant Care - Agency Option	S5125			Attendant care services; per 15 minutes	per 15 min
W1793	Attendant Care Waiver	Attendant Care (Agency) - Attendant Care	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	per 15 min
W1793	Commcare Waiver	Personal Care Services (Agency) - COMMCARE	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	per 15 min
W1793	Commcare Waiver	Personal Care Services (CSLA) - COMMCARE	T1019		TT	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 Individualized service provided to more than one patient in same setting.	per 15 min

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W1794	PA Dept of Aging Waiver	Attendant care - coordination	S5126			Attendant care services; per diem	per diem
W1794	Attendant Care Waiver	Attendant care - coordination	W1794			Attendant Care Service Coordination	Per month
W1801	Commcare Waiver	Occupational Therapy COMMCARE	G0152			Services of occupational therapist in home health setting, each 15 minutes	per 15 min
W1802	Commcare Waiver	Physical Therapy - COMMCARE	97110			Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	15 min
W1877	Independence Waiver	Supports Coordination - Independence	W1877			Service Coordination	per hr
W1877	Commcare Waiver	Supports Coordination - COMMCARE	W1877			Service Coordination	per hr
W1881	Independence Waiver	Medical Equipment and Supplies (Over \$100) Miscellaneous Durable Medical Equipment - Independence	T2029			Specialized medical equipment, NOS, waiver	per purchase
W1896	OBRA Waiver	Assistive Technology (\$100 or less) Miscellaneous Durable Medical Equipment - OBRA Purchase	T2029			Specialized medical equipment, NOS, waiver	per purchase
W1898	Independence Waiver	Medical Equipment and Supplies (\$100 or less) Miscellaneous Durable Medical Equipment - OBRA	T2029			Specialized medical equipment, NOS, waiver	per purchase
W6002	OBRA Waiver	Behavioral Therapy Coach - OBRA	97533			Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider.	15 min
W6002	Commcare Waiver	Behavioral Therapy (Coach, Agency) - COMMCARE	97533			Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider.	15 min
W6002	Commcare Waiver	Behavioral Therapy (Coach, Consumer) - COMMCARE	H2019			Therapeutic behavioral services, per 15 min	per 15 min
W6004	OBRA Waiver	Behavioral Therapy (Assessment) -OBRA	H0002			Behavioral health screening to determine eligibility for admission to treatment program	per session
W6042	Commcare Waiver	Night Supervision /Weekdays (Consumer, Weekdays) - COMMCARE - 15 min	99052			Services requested between 10pm and 8am in addition to basic service	15 min
W6042	Commcare Waiver	Night Supervision/Weekdays (Agency, Weekdays) - COMMCARE - 15 min	T1019		UJ	Personal Care services; 15 minutes; not inpatient or resident of hospital, nursing facility, ICF/MR or IMD; part of the individualized plan of treatment (part may not be used to identify services provided by home health aide or certified nurse assistant). Services provided at night.	per 15 min
W6043	Commcare Waiver	Night Supervision/Weekend (Agency, Weekends) - COMMCARE 15 min	T1019		TV	Personal Care services; 15 minutes; not inpatient or resident of hospital, nursing facility, ICF/MR or IMD; part of the individualized plan of treatment (part may not be used to identify services provided by home health aide or certified nurse assistant). Special Payment rate, holidays/weekends	per 15 min
W6043	Commcare Waiver	Night Supervision/Weekend (Consumer, Weekends) - COMMCARE 15 min	99054			Service requested on Sundays and holidays in addition to basic service.	per 15 min
W6100	OBRA Waiver	Resource Management Supports Coordination - OBRA 1 week	W6100			Resource Management Supports Coordination - OBRA 1 week	per week
W6102	Independence Waiver	Daily Living and Home Support (Consumer) Independence - 15 min	S5125			Attendant care services; per 15 minutes	per 15 min
W6102	OBRA Waiver	Daily Living and Home Support (Consumer) OBRA - 15 min	S5125			Attendant care services; per 15 minutes	per 15 min

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W6102	Independence Waiver	Daily Living and Home Support - (Agency) Independence - 15 min	T1019			Personal Care services; 15 minutes, not inpatient or resident of hospital, nursing facility, ICF/MR or IMD; part of the individualized plan of treatment (part may not be used to identify services provided by home health aide or certified nurse assistant).	per 15 min
W6102	Independence Waiver	Daily Living and Home Support - (CSLA) Independence - 15 min	T1019		TT	Personal Care services; 15 minutes, not inpatient or resident of hospital, nursing facility, ICF/MR or IMD; part of the individualized plan of treatment (part may not be used to identify services provided by home health aide or certified nurse assistant). Individualized service provided to more than one patient in same setting.	per 15 min
W6102	OBRA Waiver	Daily Living and Home Support- (Agency) OBRA - 15 min	T1019			Personal Care services; 15 minutes, not inpatient or resident of hospital, nursing facility, ICF/MR or IMD; part of the individualized plan of treatment (part may not be used to identify services provided by home health aide or certified nurse assistant).	per 15 min
W6102	OBRA Waiver	Daily Living and Home Support - (CSLA) OBRA - 15 min	T1019		TT	Personal Care services; 15 minutes, not inpatient or resident of hospital, nursing facility, ICF/MR or IMD; part of the individualized plan of treatment (part may not be used to identify services provided by home health aide or certified nurse assistant). Individualized service provided to more than one patient in same setting.	per 15 min
W6108	Independence Waiver	Respite (Consumer) - Independence - 15 min	S5150			Unskilled respite care, not hospice; per 15 minutes	per 15 min
W6108	OBRA Waiver	Respite (Consumer) - OBRA - 15 min	S5150			Unskilled respite care, not hospice; per 15 minutes	per 15 min
W6108	Independence Waiver	Respite (Agency) - Independence - 15 min	T1005			Respite care services, up to 15 minutes	per 15 min
W6108	Independence Waiver	Respite (CSLA) - Independence - 15 min	T1005		TT	Respite care services, up to 15 minutes	per 15 min
W6108	OBRA Waiver	Respite (Agency) - OBRA - 15 min	T1005			Respite care services, up to 15 minutes	per 15 min
W6108	OBRA Waiver	Respite (CSLA) - OBRA - 15 min	T1005		TT	Respite care services, up to 15 minutes	per 15 min
W6109	Independence Waiver	Speech Therapy - Independence - 15 min	92507			Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual	15 min
W6109	OBRA Waiver	Speech Therapy - OBRA - 15 min	92507			Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual	15 min
W6109	Independence Waiver	Physical Therapy - Independence - 15 min	97110			Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	15 min
W6109	OBRA Waiver	Physical Therapy - OBRA - 15 min	97110			Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	15 min
W6109	Independence Waiver	Occupational Therapy - Independence - 15 min	G0152			Services of occupational therapist in home health setting, each 15 minutes	per 15 min
W6109	OBRA Waiver	Occupational Therapy - OBRA - 15 min	G0152			Services of occupational therapist in home health setting, each 15 minutes	per 15 min
W6109	Independence Waiver	Behavioral Therapy - Independence - 15 min	H0004			Behavioral health counseling and therapy	per 15 min
W6109	OBRA Waiver	Behavioral Therapy - OBRA - 15 min	H0004			Behavioral health counseling and therapy	per 15 min

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W6112	Independence Waiver	Visiting Nurse (LPN) - Independence - 15 min	G0154		TE	Services of skilled nurse in-home health setting, each 15 min	per 15 min
W6112	Independence Waiver	Visiting Nurse (RN) - Independence - 15 min	G0154		TD	Services of skilled nurse in-home health setting, each 15 min	per 15 min
W6112	OBRA Waiver	Visiting Nurse (LPN) - OBRA - 15 min	G0154		TE	Services of skilled nurse in-home health setting, each 15 min	per 15 min
W6112	OBRA Waiver	Visiting Nurse (RN) - OBRA - 15 min	G0154		TD	Services of skilled nurse in-home health setting, each 15 min	per 15 min
W6113	OBRA Waiver	Assistive Technology (over \$100) - Miscellaneous Durable Medical Equipment - OBRA	T2029			Specialized medical equipment, NOS, waiver	per purchase
W7003	Commcare Waiver	Behavioral Health Counseling and Therapy - COMMCARE - 15 min	H0004			Behavioral health counseling and therapy, per 15 minutes	per 15 min
W7007	Commcare Waiver	Assistive Technology/Specialized Medical Equipment/Supplies Under \$100 Miscellaneous Durable Medical Equipment - Assistive Technology - COMMCARE	T2029			Specialized medical equipment, NOS, waiver	per purchase
W7010	Commcare Waiver	Part Time Nursing (RN) - COMMCARE - 15 min	G0154		TD	Services of skilled nurse in-home health setting, each 15 min	per 15 min
W7010	Commcare Waiver	Part Time Nursing (LPN) - COMMCARE - 15 min	G0154		TE	Services of skilled nurse in-home health setting, each 15 min	per 15 min
W7011	Commcare Waiver	Assistive Technology/Specialized Medical Equipment/Supplies Over \$100 (Requires Prior Auth) Miscellaneous Durable Medical Equipment - Assistive Technology - COMMCARE	T2029			Specialized medical equipment, NOS, waiver	per purchase
W7021	Michael Dallas Waiver	Shared care (one RN to care for multiple clients simultaneously). Unit of service - 1 hour.	T1002		TT	RN services, up to 15 minutes	per 15 min
W7022	Michael Dallas Waiver	Shared care (one LPN to care for multiple clients simultaneously). Unit of service - 1 hour.	T1003		TT	LPN/LVN services, up to 15 minutes	per 15 min
W7025	Michael Dallas Waiver	Individual Respite Care - R.N.	T1005		TD	Respite care services, up to 15 minutes	per 15 min
W7026	Michael Dallas Waiver	Individual Respite care - L.P.N.	T1005		TE	Respite care services, up to 15 minutes	per 15 min
W7027	Michael Dallas Waiver	Shared Respite Care - R.N.	T1005		TD & TT	Respite care services, up to 15 minutes	per 15 min
W7028	Michael Dallas Waiver	Shared Respite care - L.P.N.	T1005		TE & TT	Respite care services, up to 15 minutes	per 15 min
W7036	Michael Dallas Waiver	Attendant Care - Agency Option Blended Rate	S5125			Attendant care services; per 15 minutes	per 15 min
W7037	Michael Dallas Waiver	Attendant Care - Combination Option - Blended Rate	S5125		32	Attendant care services; per 15 minutes	per 15 min
W7040	Michael Dallas Waiver	R.N. Consultation fee for supervision and certification of attendant care under Michael Dallas Waiver	T1002			RN services, up to 15 minutes	per 15 min
Y9609	Commcare Waiver	Behavioral Specialist Consultant (Master's Level - MA Fee includes travel and Administration) - COMMCARE	H0032	U7		Mental health service plan development by a non-physician	per 15 min