Type of Service	Previous Procedure Code	Previous Modifier(s)	Previous Location	Provider Type	HIPAA Procedure Code(s)	New Pricing/Info. Modifier(s)	New Location	Unit Fee (15 min. unit)
Medical Assistance	W0415 Social work	Z1, Z2, Z3, Z4	01	50	96152 Individual intervention	TL	11	\$19.60
				50	96154 Family intervention with child present	TL	11	\$19.60
				50	96155 Family intervention without child present	TL	11	\$19.60
Medical Assistance	W1796 Social work	Z1, Z2, Z3, Z4	02 (home or community)	50	S9127 Social work in home	TL	12 or 99	\$20.37
				50	96154 Family intervention with child present	TL and U7	12 or 99	\$20.37
				50	96155 Family intervention without child present	TL and U7	12 or 99	\$20.37
Medical Assistance	W1796 Social work	Z1, Z4	03 (inpatient 30 days or less prior to discharge)	50	96154 Family intervention with child present	TL and U7	21	\$20.37
Medical Assistance	WO416 Audiology	Z1	01 center	50	V5008 Hearing screening	TL and U7	11	\$30.36
				50	V5362 Speech screening	TL	11	\$30.36
				50	V5363 Language screening	TL	11	\$30.36

Type of Service	Previous Procedure Code	Previous Modifier(s)	Previous Location	Provider Type	HIPAA Procedure Code(s)	New Pricing/Info. Modifier(s)	New Location	Unit Fee (15 min. unit)
		Z2, Z3, Z4		50	V5299 Hearing services (miscellaneous)	TL and U7	11	\$30.36
Medical Assistance	W1797 Audiology	Z1	02 (home or community)	50	V5008 Hearing screening	TL and U8	12 or 99	\$31.58
				50	V5362 Speech screening	TL and U7	12 or 99	\$31.58
				50	V5363 Language screening	TL and U7	12 or 99	\$31.58
		Z2, Z3, Z4	02 (home or community)	50	V5299 Hearing services (miscellaneous)	TL and U8	12 or 99	\$31.58
Medical Assistance	W1797 Audiology	Z1, Z4	03 (inpatient 30 days or less prior to discharge)	50	V5008 Hearing screening	TL and U8	21	\$31.58
		Z1, Z4	03	50	V5362 Speech screening	TL and U7	21	\$31.58
		Z1, Z4	03	50	V5363 Language screening	TL and U7	21	\$31.58
Medical Assistance	WO418 Health services	Z1, Z2, Z3, Z4	01	50	<u>G0154</u> (RN)	TL and TD	11	\$19.05
	14/450 11 1/1	74 70 70	00.4	50	G0154 (LPN)	TL and TE	11	\$19.05
Medical Assistance	W1798 Health services	Z1, Z2, Z3, Z4	02 (home or community)	50	G0154 (RN)	TL, TD and U7	12 or 99	\$19.82

Type of Service	Previous Procedure	Previous Modifier(s)	Previous Location	Provider Type	HIPAA Procedure	New Pricing/Info. Modifier(s)	New Location	Unit Fee (15 min. unit)
	Code				Code(s)			
				50	G0154 (LPN)	TL, TE and U7	12 or 99	\$19.82
Medical Assistance	W1798 Health services	Z1, Z4	03 (inpatient hospital)	50	G0154 (RN)	TL, TD and U7	21	\$19.82
			, ,	50	G0154 (LPN)	TL,TE and U7	21	\$19.82
Medical Assistance	W0419 Nursing	Z1	01	50	G0154 Nursing assessment	TL	11	\$19.05
		Z2, Z3, Z4	01	50	G0154 _(RN)	TL and TD	11	\$19.05
		, ,		50	G0154 (LPN)	TL and TE	11	\$19.05
Medical Assistance	W1799 Nursing	Z1	02 (home or community)	50	G0154 Nursing assessment	TL and U7	12 or 99	\$19.82
		Z2, Z3, Z4		50	G0154 (RN)	TL, TD and U7	12 or 99	\$19.82
				50	G0154 (LPN)	TL, TD and U7	12 or 99	\$19.82
Medical Assistance	W1799 Nursing	Z1	03 (inpatient 30 days or less prior to discharge)	50	G0154 Nursing assessment	TL and U7	21	\$19.82
		Z4	,	50	G0154 (RN)	TL, TD and U7	21	\$19.82
		Z4			G0154 (LPN)	TL and TD U7	21	\$19.82

Type of Service	Previous Procedure Code	Previous Modifier(s)	Previous Location	Provider Type	HIPAA Procedure Code(s)	New Pricing/Info. Modifier(s)	New Location	Unit Fee (15 min. unit)
Medical Assistance	WO420 Nutrition	Z1, Z2, Z3, Z4	01	50	S9470 Nutritional counseling	TL and U8	11	\$19.05
Medical Assistance	W1800 Nutrition	Z1, Z2, Z3, Z4	02 (home or community)	50	S9470 Nutritional counseling	TL and U9	12 or 99	\$19.82
Medical Assistance	W1800 Nutrition	Z1, Z4	03 (inpatient 30 days or less prior to discharge)	50	S9470 Nutritional counseling	TL and U9	21	\$19.82
Medical Assistance	WO421 Occupational therapy	Z1	01	50	97003 OT evaluation	TL	11	\$22.36
		Z1	01	50	97004 OT re- evaluation	TL, U7	11	\$22.36

Type of Service	Previous Procedure Code	Previous Modifier(s)	Previous Location	Provider Type	HIPAA Procedure Code(s)	New Pricing/Info. Modifier(s)	New Location	Unit Fee (15 min. unit)
Medical Assistance	<u>WO421</u>	Z2, Z3, Z4	01	50	97532 Development of cognitive skills to improve attention, memory, problem solving, direct (1 to 1) patient contact by the provider each 15 minutes	TL	11	\$22.36
		Z2, Z3, Z4	01	50	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive response to environmental demands direct (1to1) patient contact by the provider each 15 mins.	TL	11	\$22.36
Medical Assistance	W1801 Occupational therapy	Z1	02	50	97003 OT Evaluation	TL and U7	12 or 99	\$23.25
		Z1	02	50	97004 OT re-evaluation	TL and U8	12 or 99	\$23.25

Type of Service	Previous Procedure Code	Previous Modifier(s)	Previous Location	Provider Type	HIPAA Procedure Code(s)	New Pricing/Info. Modifier(s)	New Location	Unit Fee (15 min. unit)
Medical Assistance	<u>W1801</u>	Z2, Z3, Z4	02	50	97532 Development of cognitive skills to improve attention, memory, problem solving, direct (1 to 1) patient contact by the provider each 15 minutes	TL and U7	12 or 99	\$23.25
		Z2, Z3, Z4	02	50	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive response to environmental demands direct (1to1) patient contact by the provider each 15 mins.	TL and U7	12 or 99	\$23.25

Type of Service	Previous Procedure Code	Previous Modifier(s)	Previous Location	Provider Type	HIPAA Procedure Code(s)	New Pricing/Info. Modifier(s)	New Location	Unit Fee (15 min. unit)
Medical Assistance	W1801 Occupational therapy	Z1, Z4	03	50	97003 OT evaluation	TL and U7	21	\$23.25
		Z1, Z4	03	50	97004 OT re- evaluation	TL and U7	21	\$23.25
Medical Assistance	WO422 Physical therapy	Z1	01	43	97001 PT evaluation	TL	11	\$22.36
		Z1	01	43	97002 PT re- evaluation	TL and U7	11	\$22.36

Type of Service	Previous Procedure Code	Previous Modifier(s)	Previous Location	Provider Type	HIPAA Procedure Code(s)	New Pricing/Info. Modifier(s)	New Location	Unit Fee (15 min. unit)
Medical Assistance	WO422	Z2, Z3	01	43, 50	97110 Therapeutic procedure, one or more areas, each15 mins. Therapeutic exercises to develop strength and endurance, range of motion and flexibility	TL and U9	11	\$22.36
		Z2, Z3	01	43, 50	97116 Gait training (includes stair climbing)	TL and U8	11	\$22.36
		Z4	01	43	97750 Physical performance test or measurement (eg. Musculoskeletal, functional capacity) with written report, each 15 mins.	TL and U7	11	\$22.36
Medical Assistance	W1802 Physical therapy	Z1	02	43, 50	97001 PT evaluation	TL and U7	12 or 99	\$23.25
		Z1	02	43	97002 PT re- evaluation	TL and U8	12 or 99	\$23.25

Type of Service	Previous Procedure Code	Previous Modifier(s)	Previous Location	Provider Type	HIPAA Procedure Code(s)	New Pricing/Info. Modifier(s)	New Location	Unit Fee (15 min. unit)
Medical Assistance	W1802 Physical therapy	Z2, Z3	02	43, 50	97110 Therapeutic procedure, one or more areas, each15 mins. Therapeutic exercises to develop strength and endurance, range of motion and flexibility	TL and UB	12 or 99	\$23.25
		Z2, Z3	02	43, 50	97116 Gait training (includes stair climbing)	TL and UB	12 or 99	\$23.25
		Z4	02	43	97750 Physical performance test or measurement (eg. Musculoskeletal, functional capacity) with written report, each 15 mins.	TL and U8	12 or 99	\$23.25

Type of Service	Previous Procedure Code	Previous Modifier(s)	Previous Location	Provider Type	HIPAA Procedure Code(s)	New Pricing/Info. Modifier(s)	New Location	Unit Fee (15 min. unit)
Medical Assistance	W1802 Physical therapy	Z1	03 inpatient 30 days or less prior to discharge	43, 50	97001 PT evaluation	TL and U7	21	\$23.25
		Z1	03 inpatient 30 days or less prior to discharge	43	97002 PT re- evaluation	TL and U8	21	\$23.25
		Z4	03 inpatient 30 days or less prior to discharge	43	97750 Physical performance test or measurement (eg. Musculoskeletal, functional capacity) with written report, each 15 mins	TL and U8	21	\$23.25
Medical Assistance	WO423 Psychological services	Z1, Z4	01	41	T1024 Evaluation and treatment by and integrated specialty team contracted to provide coordinated care to multiple or severely handicapped children per encounter	TL	11	\$19.60
		Z2, Z3	01	41	T1027 Family training and counseling for child development per 15 minutes	TL	11	\$19.60

Type of Service	Previous Procedure Code	Previous Modifier(s)	Previous Location	Provider Type	HIPAA Procedure Code(s)	New Pricing/Info. Modifier(s)	New Location	Unit Fee (15 min. unit)
Medical Assistance	W1803 Psychological services	Z1, Z4	02	41	T1024 Evaluation and treatment by and integrated specialty team contracted to provide coordinate care to multiple or severely handicapped children per encounter	TL and U7	12 or 99	\$20.37
		Z2, Z3	02	41	T1027 Family training and counseling for child development per 15 minutes	TL and U7	12 or 99	\$20.37
Medical Assistance	W1803 Psychological services	Z1, Z4	03 inpatient (30 days or less prior to discharge	41	T1024 Evaluation and treatment by and integrated specialty team contracted to provide coordinate care to multiple or severely handicapped children per encounter	TL and U7	21	\$20.37

Type of Service	Previous Procedure Code	Previous Modifier(s)	Previous Location	Provider Type	HIPAA Procedure Code(s)	New Pricing/Info. Modifier(s)	New Location	Unit Fee (15 min. unit)
Medical Assistance	WO424 Speech pathology	Z1, Z4	01	50	92506 Evaluation or speech, language, voice communication, auditory processing, and/or rehabilitation status.	TL	11	\$20.16
		Z1, Z4	01	50	92610 Evaluation of oral and pharyngeal swallowing function	TL	11	\$20.16
		Z2, Z3	01	50	92507 Treatment of speech, language, voice communication, and/or auditory processing disorder (includes aural rehabilitation): individual	TL, U7	11	\$20.16
		Z2, Z3	01	50	92526 Treatment of swallowing dysfunction and/or oral function for feeding	TL	11	\$20.16

Type of Service	Previous Procedure Code	Previous Modifier(s)	Previous Location	Provider Type	HIPAA Procedure Code(s)	New Pricing/Info. Modifier(s)	New Location	Unit Fee (15 min. unit)
Medical Assistance	W1804 Speech pathology	Z1, Z4	02	50	92506 Evaluation or speech, language, voice communication, auditory processing, and/or rehabilitation status.	TL and U7	12 or 99	\$20.98
		Z1, Z4	02	50	92610 Evaluation of oral and pharyngeal swallowing function	TL and U7	12 or 99	\$20.98
		Z2, Z3	02	50	92507 Treatment of speech, language, voice communication, and/or auditory processing disorder (includes aural rehabilitation): individual	TL and U8	12 or 99	\$20.98

Type of Service	Previous Procedure Code	Previous Modifier(s)	Previous Location	Provider Type	HIPAA Procedure Code(s)	New Pricing/Info. Modifier(s)	New Location	Unit Fee (15 min. unit)
Medical Assistance	W1804 Speech pathology	Z2, Z3	02	50	92526 Treatment of swallowing dysfunction and/ or oral function for feeding	TL and U7	12 or 99	\$20.98
Medical Assistance	W1804 Speech pathology	Z1, Z4	03 inpatient (30days or less prior to discharge)	50	92506 Evaluation or speech, language, voice communication, auditory processing, and/or rehabilitation status.	TL and U7	21	\$20.98
		Z1, Z4	03 inpatient (30days or less prior to discharge)	50	92610 Evaluation of oral and pharyngeal swallowing function	TL and U7	21	\$20.98
Medical Assistance	Z9812 Service coordination	Not applicable	01	50	T1016 Case management per 15 minutes	TL and U7	11	\$14.64
		Not applicable	02	50	T1016 Case management per 15 minutes	TL and U7	12 or 99	\$14.64
		Not applicable	03 inpatient (30 days or less prior to discharge)	50	T1016 Case management per 15 minutes	TL and U7	21	\$14.64