

CFR A(13) - T codes (Proposed to be effective September 1, 2024)

TOS*	Procedure Code	Long Description	Modifier 1	Age Range	Non-Facility (N)/ Facility	CURRENT		9/1/2024		Percent Change from Current Medicaid
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	T1013	sign language or oral interpretive services, per 15 minutes	U1	0-999	N	\$53.80	\$53.80	\$53.80	\$53.80	0.00%
1	T1013	sign language or oral interpretive services, per 15 minutes	UA	0-999	N	\$13.45	\$13.45	\$13.45	\$13.45	0.00%
D	T1023	screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter		0-20	N	\$54.23	\$54.23	\$50.00	\$50.00	-7.80%
D	T1023	screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter		21-999	N	\$51.64	\$51.64	\$47.62	\$47.62	-7.78%
S	T1029	comprehensive environmental lead investigation, not including laboratory analysis, per dwelling		0-999	2	\$703.25	\$703.25	\$725.80	\$725.80	3.21%
9	T2038	community transition, waiver; per service		0-999	N	Manually Priced	Manually Priced	Manually Priced	Manually Priced	0.00%
1	T2101	human breast milk processing, storage and distribution only		0-999	F	\$3.00	\$3.00	\$3.65	\$3.65	21.67%
1	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	0-999	2	\$3.62	\$3.62	\$3.62	\$3.62	0.00%
1	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	0-999	2	\$3.42	\$3.42	\$3.42	\$3.42	0.00%
1	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	0-999	2	\$3.73	\$3.73	\$3.73	\$3.73	0.00%

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1	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)	UA	0-999	2	\$3.73	\$3.73	\$3.73	\$3.73	0.00%
1	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)	UB	0-999	2	\$3.53	\$3.53	\$3.53	\$3.53	0.00%
1	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)	UD	0-999	2	\$3.62	\$3.62	\$3.62	\$3.62	0.00%
1	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	0-999	2	\$3.42	\$3.42	\$3.42	\$3.42	0.00%
1	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	0-999	2	\$3.53	\$3.53	\$3.53	\$3.53	0.00%

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1	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	0-999	2	\$114.40	\$114.40	\$114.40	\$114.40	0.00%
1	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	0-999	2	\$114.40	\$114.40	\$114.40	\$114.40	0.00%

*Type of Service (TOS)	
1	Medical Services
9	Other Medical items or services
D	TB Clinic
S	THSTEPS Medical
Modifier	
U1	First Hour of Service
U3	CFC attendant care for PCS - CDS Option, each 15
U4	CFC Habilitation for PCS - CDS Option, each 15
U5	Administrative fee for Personal Care Services (PCS)
U6	PCS each 15 minutes; All PCS Providers (except
U7	Attendant fee for each 15 minutes; CDSA Under
U8	Administrative fee for PCS; CDSA Under CDS
U9	CFC - habilitation only, or attendant and
UA	Each additional 15 minutes of service
UB	Behavior health condition, each 15 minutes
UD	CFC - attendant care only, each 15 minutes
Place of Service	
2	Home

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