

New Jersey LTSS

Claim Type

Former Waiver Service	Former Code (s)	MLTSS Service	MLTSS Code			MLTSS Code Description	HMO Authorization Needed?				HMO ReAuthorization Needed				Provider Referral Needed?			
			Code	Mod	Method/ Unit		Amerigroup	Healthfirst	Horizon NJ Health	UnitedHealthcare	Amerigroup	Healthfirst	Horizon NJ Health	UnitedHealthcare	Amerigroup	Healthfirst	Horizon NJ Health	UnitedHealthcare
Adult Family Care (GO)		Adult Family Care	S5140		Per Diem	Foster care, adult, per diem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assisted Living Residence - 1 day (GO)	Y7573	Assisted Living Services (ALR - Assisted Living Residence)	T2031		Per Diem	Assisted living, waiver, per diem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehensive Personal Care Home - 1 day (GO)	Y9633, T2031	Assisted Living Services (CPCH - Comprehensive Personal Care Home)	T2031	U1	Per Diem	Assisted living, waiver, per diem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assisted Living Program - 1 day (GO)	Y7574	Assisted Living Program (ALP)	T2031	U2	Per Diem	Assisted living, waiver, per diem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral Programs (TBI)	H0004 ST 22, Y7564, Y7566	Behavior Management (TBI)	H0004		15 minutes	Behavioral health counseling and therapy, per 15 minutes (Individual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral Programs (TBI)	H0004 ST 22, Y7564, Y7566		H0005	HQ	15 minutes	Behavioral health counseling and therapy, per 15 minutes (Group)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver/Participant Training (GO)	Y9848, S5111, Y9849	Caregiver/ Participant Training	S5111		One Visit per day	Home care training, family, per session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chore Service (GO)	S5120 52, Y9838, S5120 22, S5121, Y9837	Chore Service	S5120		15 minutes	Chore services, per 15 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			S5121		Per Diem	Chore services, per diem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapies through a CRS or Day Program – Cognitive Rehabilitative Therapy AND Therapies through a CRS or Day Program - Cognitive Rehabilitation Group Therapy (TBI)	97532 ST 22; T2012 HQ ST	Cognitive Therapy	G0515	96	15 minutes	Habilitation, educational; waiver; per hour (Individual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			96153	96	15 minutes	Habilitation, educational; waiver; per hour (Group)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			T2033		Per Diem	Residential care, not otherwise specified (NOS), waiver; per diem (e.g., Low Level Supervision)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Residential Services Low, Moderate and High Level of Supervision (TBI)	Y7435, Y7436, Y7437	Community Residential Services (CRS)	T2033	TF	Per Diem	Residential care, not otherwise specified (NOS), waiver; per diem (e.g., Moderate Level Supervision)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			T2033	TG	Per Diem	Residential care, not otherwise specified (NOS), waiver; per diem (e.g., High Level Supervision)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			T2038		Per Service	Community transition, waiver; per service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Transition Services (CRPD, GO)	T2038 (CRPD), T2038, T2038 HC (GO)	Community Transition Services	T2038	U6	Per Service	Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Based Supportive Care (GO)	Y9845, T1022, Y9846, Z1200, Z1205, Z1290, Z1295, S5130 22, S5130 TV 22	Home Based Supportive Care	S5130		15 Minutes	Individual Homemaker service, NOS; per 15 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			S5130	HQ	15 Minutes	Group Homemaker service, NOS, per 15 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			S5130	U1	15 minutes	Homemaker service, NOS, per 15 minutes. The code is to be used ONLY as a continuity of care code for existing recipients of HBSC when the member requires assistance with both ADLs and IADLs for a period of no longer than 180 days. This code is being implemented to allow HBSC providers who are not accredited as PCA providers to continue to provide services and be paid for a continuity of care period of no longer than 180 days beginning July 1, 2014. This code will expire 1/1/2015. THIS CODE EXPIRES 1/1/2015	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			S5130	U2	15 minutes	Group Homemaker service, NOS, per 15 minutes. The code is to be used ONLY as a continuity of care code for existing recipients of HBSC when the member requires assistance with both ADLs and IADLs for a period of no longer than 180 days. This code is being implemented to allow HBSC providers who are not accredited as PCA providers to continue to provide services and be paid for a continuity of care period of no longer than 180 days beginning July 1, 2014. This code will expire 1/1/2015. THIS CODE EXPIRES 1/1/2015	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Delivered Meal Service (GO)	S5170, Y9847	Home Delivered Meals	S5170		Per Service - One meal per day	Home delivered meals, including preparation; per meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Emergency Response System Pill Dispenser – 1 Installation (GO)	S5160 22	Medication Dispensing Device (Set Up)	T1505		Per Service	Electronic medication compliance management device, includes all components and accessories, not otherwise classified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Emergency Response System Pill Dispenser – 1 Monthly Monitoring Fee (GO)	S5161 22	Medication Dispensing Device (Monthly Monitoring)	S5185		Monthly	Medication reminder service, nonface-to-face; per month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NA		MLTSS PCA	Current codes			Codes per State Plan - Not a stand alone MLTSS benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation - Non Medical (GO)	Y9835, T2002, Y9834, A0080	Non-Medical Transportation	T2002		per diem	Nonemergency transportation; per diem; Not a stand alone MLTSS benefit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			T2003		Per Service	Nonemergency transportation; encounter trip; Not a stand alone MLTSS benefit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NA		Nursing Facility Services (Custodial)	Revenue Codes 0100, 0119, 0129, 0139, 0149, 0159, 0169		NA	Revenue Codes 0100, 0119, 0129, 0139, 0149, 0159, 0169.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			SCNF - Revenue Codes 0100, 0119, 0129, 0139, 0149, 0159, 0169.		NA	SCNF - Revenue Codes 0100, 0119, 0129, 0139, 0149, 0159, 0169.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Former Waiver Service	Former Code (s)	MLTSS Service	MLTSS Code			MLTSS Code Description	HMO Authorization Needed?				HMO ReAuthorization Needed				Provider Referral Needed?			
			Code	Mod	Method/ Unit		Amerigroup	Healthfirst	Horizon NJ Health	UnitedHealthcare	Amerigroup	Healthfirst	Horizon NJ Health	UnitedHealthcare	Amerigroup	Healthfirst	Horizon NJ Health	UnitedHealthcare
Therapies through a CRS or Day Program – Occupational - Individual and Group (TBI)	97535 ST (Indiv), S9129 HQ ST (Group)	Occupational Therapy (Group & Individual)	97535	96	15 minutes	Occupational Therapy, per diem (Individual) NOTE: For Free Standing Clinic or ANY therapy service provided out of the home; EXISTING Codes should be used. THE MODIFIER MUST be included.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			97150	96	Per Diem	Occupational Therapy, (Group) NOTE: For Free Standing Clinic or ANY therapy service provided out of the home; EXISTING Codes should be used. THE MODIFIER MUST be included.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			97535	96	15 minutes	Occupational Therapy (Individual) 15 minutes: Rehabilitation for MLTSS members with TBI diagnosis. Free Standing Clinic or ANY therapy service provided out of the home; EXISTING Codes should be used. THE MODIFIER MUST be included on any claim where the service is for MLTSS members with TBI diagnosis. One session per day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			97150	96	Per Diem	Occupational Therapy; (Group), 15 minutes: Rehabilitation for MLTSS members with TBI diagnosis. Free Standing Clinic or ANY therapy service provided out of the home; EXISTING Codes should be used. THE MODIFIER MUST be included on any claim where the service is for MLTSS members with TBI diagnosis. One session per day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Emergency Response System – 1 Installation (CRPD, GO)	S5160 (CRPD); S5160, Y9839 (GO)	Personal Emergency Response System (PERS: Set up)	S5160		Per Service	Emergency response system; service fee, Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			S5161		Per Month	Emergency response system; service fee, per month - Standard Landline Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			S5161	U1	Per Month	Emergency response system; service fee, per month - Cellular Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			S5161	U2	Per Month	Emergency response system; service fee, per month - Cellular Unit with Fall Detection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Emergency Response System – 1 Monthly Monitoring Fee (CRPD, GO)	S5161 (CRPD); S5161, Y9843 (GO)	Personal Emergency Response System (PERS: Monthly Monitoring)	S5161		Per Month	Emergency response system; service fee, per month - Mobile Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			S5161	U1	Per Month	Emergency response system; service fee, per month - Cellular Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			S5161	U2	Per Month	Emergency response system; service fee, per month - Cellular Unit with Fall Detection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			S5161	U3	Per Month	Emergency response system; service fee, per month - Mobile Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapies through a CRS or Day Program – Physical (Group and Individual) (TBI)	S8990 ST (Indiv); S9131 HQ ST (Group)	Physical Therapy (Group & Individual)	97110	96	15 minutes	Physical therapy; per diem (Individual - Maintenance Therapy) NOTE: For Free Standing Clinic or ANY therapy service provided out of the home; EXISTING Codes should be used. THE MODIFIER MUST be included, on any claim where the service is for rehabilitative therapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			S8990	96	15 minutes	Physical therapy; per diem (Group - Maintenance Therapy) NOTE: For Free Standing Clinic or ANY therapy service provided out of the home; EXISTING Codes should be used. THE MODIFIER MUST be included on any claim where the service is for rehabilitative therapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			97110	96	15 minutes	Physical Therapy; (Individual), 15 minutes: Rehabilitation for MLTSS members with TBI diagnosis. Free Standing Clinic or ANY therapy service provided out of the home; EXISTING Codes should be used. THE MODIFIER of U4 for Individual and U5 for Group MUST be included on any claim where the service is for MLTSS members with TBI diagnosis. One Session per day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			S8990	96	15 minutes	Physical Therapy; (GROUP), 15 minutes, Rehabilitation for MLTSS members with TBI diagnosis. Free Standing Clinic or ANY therapy service provided out of the home; EXISTING Codes should be used. THE MODIFIER of U4 for Individual and U5 for Group MUST be included on any claim where the service is for MLTSS members with TBI Diagnosis. One Session per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PDN (Private Duty Nursing) - CRPD	Z1710, Z1715, S9124, Z1720, Z1725, Z1730, Z1735, Z1740, Z1745	Private Duty Nursing	T1000	UA	15 minutes	RN/LPN Private duty / independent nursing service(s) - licensed, up to 15 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			T1002	UA	15 minutes	RN only Private duty / independent nursing service(s) - licensed, up to 15 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			T1003	UA	15 minutes	LPN Only Private duty/independent nursing service(s); licensed, up to 15 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Modifications (CRPD); (EAA) Environmental Accessibility Adaptation (GO)	S5165, S5165 52 (CRPD); S5165, Y9795 (GO)	Residential Modifications	S5165		Per Service	Home modifications; per service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			T1028 (Eval)		Per Service	Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respite Care (TBI); Respite Care: 8 hour Day, Respite Care : 8 hour night, Respite Care - Day >8<12, Respite Care Night >8<12, Respite Care >12 <24, Respite Care – Nursing Facility, Respite Care – ALF or AFC – Per Diem (GO)	Y7456, Y7458, Y7463, (TBI); Z1210, S9125, Y9793, Z1215, Z1220, Z1225, Z1230, Z1285, Y9792, S5151 (GO)	Respite (Daily & Hourly)	T1005		15 minutes	Respite care, in the home, per 15 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			S5151		Per Diem	Unskilled respite care, not hospice; per diem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		NF Respite	REV 0663		DAILY	Daily respite Care in a Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Adult Day Care (GO)	Z1235, Y9853, S5102	Social Adult Day Care	S5102	U3	Per Diem	Day care services, adult; per diem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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			Code	Mod	Method/ Unit		Amerigroup	Healthfirst	Horizon NJ Health	UnitedHealthcare	Amerigroup	Healthfirst	Horizon NJ Health	UnitedHealthcare	Amerigroup	Healthfirst	Horizon NJ Health	UnitedHealthcare
Therapies through a CRS or Day Program – Speech Individual and Group (TBI)	Y7556	Speech, Language & Hearing Therapy (Group & Individual)	92507	96	Per Diem	Speech therapy, per diem (Individual) NOTE: For Free Standing Clinic or ANY therapy service provided out of the home; EXISTING Codes should be used. THE MODIFIER MUST be included on any claim where the service is for rehabilitative therapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			92508	96	Per Diem	Speech therap, per diem (Group) NOTE: For Free Standing Clinic or ANY therapy service provided out of the home; EXISTING Codes should be used. THE MODIFIER MUST be included on any claim where the service is for rehabilitative therapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			92507	96	Per Diem	Speech Therapy: (Individual), 15 minutes: Rehabilitation for MLTSS members with TBI diagnosis. Free Standing Clinic or ANY therapy service provided out of the home; EXISTING Codes should be used. THE MODIFIER MUST be included on any claim where the service is for MLTSS members with TBI diagnosis. One Session per day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			92508	96	Per Diem	Speech Therapy: (Individual), 15 minutes: Rehabilitation for MLTSS members with TBI diagnosis. Free Standing Clinic or ANY therapy service provided out of the home; EXISTING Codes should be used. THE MODIFIER MUST be included on any claim where the service is for MLTSS members with TBI diagnosis. One Session per day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structured Day Program (TBI)	S5102 ST, S5109, S5101 ST	Structured Day Program	S5100		15 minutes	Day care services, adult; per 15 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Supported Day Program (TBI)	Y7443	Supported Day Services	T2021		15 minutes	Day habilitation, waiver; per 15 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Environmental Adaptations- Vehicle (GO) ;	S5165, S5165 52, Y9795, Y9854	Vehicle Modifications	T2039		Per Service	Vehicle modifications, waiver; per service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			T2039		U7 (Eval)	Per Service	Vehicle modifications, waiver; per service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	