

Serious Emotional Disturbance Waiver (SEDW)

SEDW Service	HCPCS Codes	Modifier	Reporting Units
Psychotherapy Complex Interactive	90785	-	10 per month
Psychiatric Diagnostic Evaluation No Medical Services	90791	-	1 per month
Psychiatric Diagnostic Evaluation with Medical Services	90792	-	1 per month
Psychotherapy with Patient 30 Minutes	90832	-	10 per month
Psychotherapy with Patient with E/M 30 Minutes	90833	-	10 per month
Psychotherapy with Patient 45 Minutes	90834	-	10 per month
Psychotherapy with Patient with E/M 45 Minutes	90836	-	10 per month
Psychotherapy with Patient 60 Minutes	90837	-	10 per month
Psychotherapy with Patient with E/M 60 Minutes	90838	-	10 per month
Family Psychotherapy without Patient 50 Minutes	90846	-	10 per month
Family Psychotherapy with Patient 50 Minutes	90847	-	10 per month
Group Psychotherapy	90853	-	10 per month
Pharmacologic Management with Psychotherapy	90863	-	10 per month
Speech/Hearing Therapy	92507	-	8 per month
Speech/Hearing Therapy	92508	-	8 per month
Evaluation of Speech Fluency	92521	-	1 per 3 calendar months
Evaluate Speech Production	92522	-	1 per 3 calendar months
Speech Sound Language Comprehension	92523	-	1 per 3 calendar months
Behavioral and Qualitative Analysis of Voice and Resonance	92524	-	1 per 3 calendar months
Psychological Testing Administrator by Computer	96103	-	1 in 90 days
Neurobehavioral Status Exam Physician QHP 1st Hour	96116	-	8 per year
Neuropsychological Test Administrator with Computer	96120	-	1 in 90 days
Psychological Testing	96130	-	First hour; max 5 once in 90 days
Psychological Testing Administrator by Computer	96131	-	Each additional hour, bill with 96131
Neuropsychological Testing	96132	-	First hour; max 5 once in 90 days
Neuropsychological Testing	96133	-	Each additional hour, bill with 96132
Therapeutic, Prophylactic and Diagnostic Injections and Infusions SC/IM	96372	-	5 per month
OT Evaluation, Low Complexity	97165	-	30 minutes, 2 per year
OT Evaluation, Moderate Complexity	97166	-	45 minutes, 2 per year
OT Evaluation, High Complexity	97167	-	60 minutes, 2 per year
OT Re-Evaluations Established Plan Care	97168	-	2 per year 1 Session per calendar week; each session up to 4 units
Sensory Integration	97533	-	to 4 units
Medical Nutrition Therapy, Individual, Initial	97802	-	2 Sessions per year; each session up to 4 units
Medical Nutrition Therapy, Subsequent	97803	-	5 Sessions per year; each session up to 4 units
Office/Outpatient Visit New Patient	99201	-	10 Minutes
Office/Outpatient Visit New Patient	99202	-	20 Minutes
Office/Outpatient Visit New Patient	99203	-	30 Minutes
Office/Outpatient Visit New Patient	99204	-	45 Minutes
Office/Outpatient Visit New Patient	99205	-	60 Minutes
Office/Outpatient Visit Established	99211	-	Brief
Office/Outpatient Visit Established	99212	-	10 Minutes
Office/Outpatient Visit Established	99213	-	15 Minutes

Office/Outpatient Visit Established	99214 -	25 Minutes
Office/Outpatient Visit Established	99215 -	40 Minutes
Activity Therapy	G0176 -	12 Sessions per month
Alcohol And/Or Drug Assessment	H0001 -	1 in 90 days
Alcohol And/Or Drug Screening	H0002 -	Limited to 1 in 90 Days
Alcohol And/Or Drug Services	H0004 -	Limited to 26 units per month
Alcohol And/Or Drug Services	H0005 -	Maximum of 5 sessions per month
Alcohol And/Or Drug Services	H0015 -	1 per day
Alcohol And/Or Drug Services	H0018 -	14 per calendar month
Mental Health Assessment By Non-Physician	H0031 -	Limited to 1 in 90 Days
Community Psy. Face to Face	H0036 -	Per 15 Minutes, 90 units per month
Crisis Intervention SVC	H2011 -	15 Minutes, 48 units per month
Comprehensive Community Support Services	H2015	15 Minutes, 744 units per month
Comprehensive Community Support Services	H2015 TV	15 Minutes, Holiday Rate
Comprehensive Community Support Services	H2015 UN-US	15 Minutes, 744 units per month
Comprehensive Community Support Services	H2015 UN-US, TV	15 Minutes, Holiday Rate
Community Wraparound Service	H2022 -	PER DIEM, 4 per month
Community Wraparound Service	H2022 UN-US	PER DIEM, 4 per month
Non-Emergency Transportation Mileage	S0215 -	
Family Homecare Training Session	S5111 -	Maximum of 4 per month
Family Homecare Training Session	S5111 HM	1 per day allowed with a maximum of 4 per month
Nonfamily Homecare Training Session	S5116	Up to 4 Sessions per calendar month
Child Foster Care Therapeutic	S5145 -	PER DIEM
Nutritional Counseling, Dietician	S9470 -	13 per month
Nursing Assessment/Evaluation	T1001 -	1 in 90 days
Respite Care Services	T1005 -	15 Minutes, 1248 units per month
Respite Care Services	T1005 TV	15 Minutes, Holiday Rate
Respite Care Services Multiple Members	T1005 UN-US	15 Minutes, 1248 units per month
Respite Care Services Multiple Members	T1005 UN-US, TV	15 Minutes, Holiday Rate
Specialized Childcare (Overnight Health and Safety), waiver	T2027 -	15 Minutes
Therapeutic Camping, Overnight, Waiver Session	T2036 -	3 Sessions per year
Community Transition, Waiver Service	T2038 -	1 in 3 Years