

**Children's Waiver Program (CWP) -
Updated 12/22/2020, Reviewed 1/27/22**

CWP 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
Oral Function Therapy	92526	-	8 sessions per month
Eval Aud Rehab Status	92626	-	1 per month
Eval Aud Status Rehab Add-on	92627		12 per 90 days

Aud Rehab Pre-Ling hear loss	92630		8 per month
Aud rehab postling hear loss	92633		8 per month
Psychological Testing Administrator by Computer	96103	-	1 in 90 days
Assessment of Aphasia	96105		3 per 90 days
Developmental Screen w/Score	96110		1 per 90 days
Developmental Test Extend	96111		1 per 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
Therapeutic Exercises	97110		8 Sessions per Month for combined OT & PT procedures

Neuromuscular Reeducation	97112		8 Sessions per Month for combined OT & PT procedures
Aquatic Therapy/Exercises	97113		8 Sessions per Month for combined OT & PT procedures
Gait Training Therapy	97116		8 Sessions per Month for combined OT & PT procedures
Massage Therapy	97124		4 Sessions per Month
Manual Therapy 1/> Regions	97140		8 Sessions per Month for combined OT & PT procedures
Group Therapeutic Procedures	97150		8 Sessions per Month for combined OT & PT procedures
Pt Eval Low Complex 20 Min	97161		2 per year
Pt Eval Mod Complex 30 Min	97162		2 per year
Pt Eval High Complex 45 Min	97163		2 per year
Pt Re-Eval Est Plan Care	97164		1 per month
OT Evaluation, Low Complexity	97165	-	30 minutes, 2 per year
OT Evaluation, Moderate Complexity	97166	-	45 minutes, 2 per year
OT Evalution, High Complexity	97167	-	60 minutes, 2 per year
OT Re-Evaluations Established Plan Care	97168	-	2 per year
Therapeutic Activities	97530		8 Sessions per Month for combined OT & PT procedures
Sensory Integration	97533	-	8 Sessions per Month for combined OT & PT procedures
Self Care Mngment Training	97535		8 Sessions per Month for combined OT & PT procedures
Community/Work Reintegration	97537		8 Sessions per Month for combined OT & PT procedures
Wheelchair Mngment Training	97542		8 Sessions per Month for combined OT & PT procedures

Prosthetic Trainj 1st Enc	97761		8 Sessions per Month for combined OT & PT procedures
Orthc/Prostc Mgmt Sbsq Enc	97763		8 Sessions per Month for combined OT & PT procedures
Medical Nutrition Therapy, Individual, Initial	97802	-	8 per year
Medical Nutrition Therapy, Subsequent	97803	-	20 per month
Medical Nutrition Group	97804		10 per month
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
Home Visit Im Injection	99506		
Durable Medical Equipment Mi	E1399		Prior Authorization Required
Activity Therapy		-	4 Sessions per Month per type of specialty services(Music, Recreation, Art Therapy)regardless of the number of weeks in a month
	G0176		
Cognitive Skills Development	G0515		8 Sessions per Month for combined OT & PT procedures
Alcohol And/Or Drug Services		-	1 per day
	H0018		
Mental Health Assessment By Non-Physician		-	Limited to 1 in 90 Days
	H0031		
Med Trng & Support Per 15min	H0034		1 per week
Comp Multidisipln Evaluation	H2000		5 sessions per month

Comprehensive Community Support Services	H2015	96 per Day (with or without modifier)	
Comprehensive Community Support Services	H2015	TV	15 Minutes, Holiday Rate
Comprehensive Community Support Services	H2015	TT	96 per Day (with or without modifier)
Comprehensive Community Support Services	H2015	TT, TV	15 Minutes, Holiday Rate
Repair/Svc Dme Non-Oxygen Eq	K0739		Prior Authorization Required
Non-Emergency Transportation Mileage	S0215	-	
Family Homecare Training Session	S5111	-	Up to 12 Sessions per 90 Day period
Nonfamily Homecare Training Session	S5116		Up to 4 Sessions per calendar month
Home Modifications Per Serv	S5165	-	Prior Authorization Required
Personal Care Item Nos Each	S5199		5 items per Quarter, limited to a cost not greater than \$96 each. Use the remarks field to identify the item(s).
Pt or Manip For Maint	S8990		8 Sessions per Month for combined OT & PT procedures
Pt Education Noc Individ	S9445		5 sessions per 4 months
Pt Education Noc Group	S9446		5 sessions per 4 months
Nutritional Counseling, Dietician	S9470	-	13 per month
Crisis Intervention Per Hour	S9484		10 per month
Nursing Assessment/Evaluation	T1001	-	1 in 90 days
Rn Services Up To 15 Minutes	T1002		12 per month
Respite Care Services	T1005	-	4608 units per Fiscal Year (with or without modifier)

Respite Care Services	T1005	TV	15 Minutes, Holiday Rate
Respite Care Services RN	T1005	TD	4608 units per Fiscal Year (with or without modifier)
Respite Care Services RN	T1005	TD, TV	15 Minutes, Holiday Rate
Respite Care Services LPN	T1005	TE	4608 units per Fiscal Year (with or without modifier)
Respite Care Services LPN	T1005	TE, TV	15 Minutes, Holiday Rate
Noc Retail Items Andsupplies	T1999		1 adaptive toy per Quarter with a maximum cost of \$24. Only adaptive toys can be billed under this code. Use the remarks field to identify the item.
Targeted Case Mgmt Per Month	T2023		The date of service should be the last day of the month on which a face to face case management service was provided.
Waiver Service, Nos	T2025		1 per calendar month
Specialized Childcare (Overnight Health and Safety), waiver	T2027	-	15 Minutes
Special Supply, Nos Waiver	T2028		5 allergy control supplies per Quarter, limited to a cost not greater than \$96 each. Use the remarks field to identify the item(s).
Special Med Equip, NosWaiver	T2029		Prior Authorization Required
Vehicle Mod Waiver/Service	T2039		Prior Authorization Required