

REPORT

Medicaid Analytic Extract Health and Community Based Services (HCBS) Taxonomy Crosswalks, 2010

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ACRONYMS

ADL	Activities of Daily Living
ALS	Advanced Life Support
BLS	Basic Life Support
CAN	Certified Nursing Assistant
CPT	Current Procedural Terminology
DD	Developmental Disabilities
DME	Durable Medical Equipment
EPSDT	Early and Periodic Screening, Diagnostic and Treatment
HCBS	Home and Community Based Services
HCPCS	Healthcare Common Procedure Coding System
HHA	Home Health Aide
IADL	Instrumental Activities of Daily Living
ICF/ MR	Intermediate Care Facilities for Individuals with Mental Retardation
IEP	Individualized Education Program
IMD	Institutions for Mental Disease
LPN	Licensed Practical Nurse
LTC	Long Term Care
LVN	Licensed Vocational Nurse
MAX	Medicaid Analytic eXtract
MOD	Modifier
MSIS	Medicaid Statistical Information System
NF	Nursing Facility
NOC	Not Otherwise Classified
NOS	Not Otherwise Specified

PAS	Personal Assistance Services
PCA	Personal Care Attendant
PCS	Personal Care Services
POS	Place of Service
RN	Registered Nurse
SNF	Skilled Nursing Facility
TBI	Traumatic Brain Injury
TCM	Targeted Case Management
TOS	Type of Service
TPN	Total Parenteral Nutrition

MEDICAID ANALYTIC EXTRACT HCBS TAXONOMY CROSSWALKS, 2010

As states have sought to make home and community-based services (HCBS) more accessible, researchers have become more interested in understanding service use by, and spending for, those Medicaid beneficiaries who need long-term services and supports (LTSS). Because state Medicaid programs differ in the types of services they offer, and in how they report these services in their data, analyzing HCBS at the national level has been challenging. Information available through claims data is not always useful for researchers. When states report services provided under Section 1915(c) waivers (that is, HCBS waivers) to the Medicaid Statistical Information System (MSIS), they often use nonspecific type-of-service codes; for example, rather than specifying “private duty nursing” or “personal care,” they label many services as “other services” (code 19). Further complicating analysis is the fact that states choose the procedure codes used to report each service, and may also create unique state-specific codes. Moreover, states that use national standard codes do not always apply them as the standard was intended.

To enable the Centers for Medicare & Medicaid Services (CMS) to monitor the wide range of waivers and waiver services used by states, and to help researchers approach the study and analysis of waivers in a uniform manner, Truven Health Analytics, formerly known as Thomson Reuters, led the development of a waiver taxonomy. The first version of the taxonomy was constructed from literature reviews, expert interviews, and an analysis of service definition information provided by 176 home and community-based waivers and nine demonstration grants for community alternatives to Psychiatric Residential Treatment Facilities. This draft taxonomy was tested by a working group of state associations, piloted by staff from 10 states and one Area Agency on Aging, and reviewed using the procedure codes reported to MSIS in 2008 claim file submissions. A team from Mathematica conducted the MSIS pilot test by applying taxonomy categories to Medicaid claims data and providing feedback to Truven; Mathematica and Truven then submitted a joint revised version of the taxonomy to CMS. Applying the taxonomy to procedure codes, including state-specific procedure codes, gives researchers a consistent system for categorizing waiver claims and understanding services offered where descriptions are not always available. Today, the taxonomy applies to services covered under Section 1915(c) waivers, as well as to the State Plan HCBS benefits authorized by Section 1915(i).

As part of the pilot, an initial HCBS crosswalk was developed to show the relationship between information on claims and the taxonomy of services developed by Truven, for waiver services. The crosswalk mapped national Healthcare Common Procedure Coding System (HCPCS) procedure codes, Current Procedural Terminology (CPT) procedure codes, and state-specific procedure codes to HCBS taxonomy variables. Procedure code modifiers, place-of-service codes, and MSIS and Medicaid Analytic eXtract (MAX) type-of-service codes were also taken into account to further clarify which services were provided in the claims. During the pilot, Mathematica staff also consulted with state staff to gather additional information on the definition of procedure codes that represented a substantial percentage of waiver expenditures. As we updated and revised our crosswalk for MAX 2010, we consulted this documentation from state contacts, sought additional information from states, and searched Internet sources for more information. The taxonomy category and service were applied only to MAX claims data for 1915(c) waiver services. 1915(c) waiver services were identified as claims having a program

type equal to 6 (“Home and Community Based Care for Disabled Elderly and Individuals Age 65 and Older”) or 7 (Home and Community Based Care Waiver Services). The crosswalk mapping was applied through an automated program, and the results were reviewed again for quality assurance.

For the MAX 2010 “Other Services (OT)” file, the crosswalk mapping was applied in the following order:

1. **State-Specific** crosswalks are applied first. This ensures the more detailed information obtained from states is accurately mapped, before general national rules are applied by procedure codes. The state-specific crosswalks do not include states that utilize only national codes or states left out of MAX 2010 due to lags in their MSIS files submissions. After state-specific crosswalks are applied, national procedure codes are mapped to a taxonomy service.
2. The **Case Management Procedure Codes** crosswalk maps all national HCPCS and CPT case management procedure codes to the HCBS taxonomy service and category “case management,” because this is the first service listed in the taxonomy.
3. The **Modifiers and Type-of-Service** crosswalk assigns a taxonomy service to all unmapped procedure codes with one of the listed specific modifiers. For example, any procedure code with the modifier “GO,” which represents “services delivered under an outpatient occupational therapy plan of care,” will be mapped to the HCBS taxonomy service “occupational therapy.”
4. The **National Procedure Codes, Modifiers, Type-of-Service, and Place-of-Service** crosswalk assigns taxonomy services for specific combinations of national procedure codes and modifiers, type-of-service codes, or place-of-service codes. For example, the combination of national procedure code S5150 (“unskilled respite care, not hospice; per 15 minutes”) with the place-of-service code 12 (home) is mapped to the taxonomy service “respite, in-home.”
5. Next, the **National Codes** crosswalk is applied to the remaining unassigned national HCPCS and CPT codes. The remaining claims for S5150, for example, will be mapped to “respite, unspecified,” since their combination of place-of-service and procedure codes did not previously result in a mapping.
6. The **National Code Groups** crosswalk then maps groups of national codes; for example, all HCPCS codes D0000 to D9999 are mapped to “dental services.” We created groups of codes (instead of listing all individual codes) in order to make the crosswalk easier to read. If a procedure code is not included in the crosswalk and does not get a taxonomy service and category applied to the claim, it will be mapped to an unassigned category and service (99999).

As CMS implements the HCBS taxonomy in other Medicaid systems, we expect to see improved reporting and increased standardization across states. Once the HCBS taxonomy is implemented in the Transformed Medicaid Statistical Information System (T-MSIS)—an expansion of MSIS—states will assign services to the taxonomy categories. This process will replace the MAX HCBS taxonomy crosswalk. We expect the implementation of the taxonomy in T-MSIS to result in more reliable information, since state staff are more familiar with the

types of services offered and how they are reported. The current HCBS taxonomy crosswalk is based almost exclusively on the minimal information available through claims data, which are often incomplete. Outside of claims data, the taxonomy seeks to facilitate a common language across other Medicaid business operations. It is the intent of CMS to integrate the HCBS taxonomy into its electronic system for 1915(c) waiver applications in the future, and once this happens, we should see consistency in how services are identified in the waiver applications, claims data, and waiver expenditure reports.

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STEP 1

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ALABAMA: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
S5150	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES	UC	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
S5150	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES	UD	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
S9123	06:HCPCS	PRIVATE DUTY NURSING	U5	-	-	-	05.01 PRIVATE DUTY NURSING	05 NURSING
S9124	06:HCPCS	PRIVATE DUTY NURSING	U6	-	-	-	05.01 PRIVATE DUTY NURSING	05 NURSING
T1005	06:HCPCS	RESPITE CARE SERVICES, UP TO 15 MINUTES	UC	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
T1005	06:HCPCS	RESPITE CARE SERVICES, UP TO 15 MINUTES	UD	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
T2016	06:HCPCS	HABILITATION, RESIDENTIAL, WAIVER; PER DIEM	-	-	-	12	08.01 HOME-BASED HABILITATION	08 HOME-BASED SERVICES
T2025	06:HCPCS	EVALUATION FOR ASSISTIVE TECHNOLOGY	UB	-	-	-	11.02 HEALTH ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
T2028	06:HCPCS	MINOR ASSISTIVE TECHNOLOGY	UB	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
T2035	06:HCPCS	ASSISTIVE TECHNOLOGY REPAIRS	UB	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
T2044	06:HCPCS	RESPITE CARE – INSTITUTIONAL	UC	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
Z1704	06:HCPCS	RESPITE CARE-LONG TERM FACILITY-BASED	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
Z5176	06:HCPCS	RESPITE-SKILLED	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
Z5177	06:HCPCS	RESPITE-UNSKILLED	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
Z5204	06:HCPCS	IN-HOME RESPITE CARE	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
Z5205	06:HCPCS	GROUP HOME RESPITE CARE	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
Z5206	06:HCPCS	SUPERVISED COMMUNITY LIVING HOME RESPITE	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
Z5251	06:HCPCS	RESPITE CARE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
Z5261	06:HCPCS	RESPITE CARE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
Z5304	06:HCPCS	RESPITE CARE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
Z5326	06:HCPCS	RESPITE CARE(GH)	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
Z5360	06:HCPCS	RESPITE(PROVIDED IN OTHER LIVING ARRANGEMENTS)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
Z5361	06:HCPCS	RESPITE(PROVIDED IN OTHER LIVING ARRANGEMENTS)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
Z5426	06:HCPCS	HOSPICE-INPATIENT RESPITE CARE, PER DAY	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT

ALASKA: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
7201M	06:HCPCS	RESPIRE CARE SERVICE - HOURLY CODE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
7202M	06:HCPCS	RESPIRE CARE SERVICE - DAILY CODE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
T2017	06:HCPCS	HABILITATION, RESIDENTIAL, WAIVER; 15 MINUTES	U4	-	-	-	08.01 HOME-BASED HABILITATION	08 HOME-BASED SERVICES
T2017	06:HCPCS	HABILITATION, RESIDENTIAL, WAIVER; 15 MINUTES	-	-	-	-	02.03.1 IN-HOME RESIDENTIAL HABILITATION	02 ROUND-THE-CLOCK SERVICES

ARKANSAS: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
Z2485	06:HCPCS	INDEPENDENT CHOICES, PERSONAL ATTENDANT SERVICE 1	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES

CALIFORNIA: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
X1500	06:HCPCS	OTHER CONTREP SUPPLIES	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X1532	06:HCPCS	MIRENA INTRAUTERINE SYSTEM	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X5528	06:HCPCS	EPINEPHRINE HCL-1MG/ML(ADRENALIN CHLORID	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X5738	06:HCPCS	DIPHEN YDRAMINE HCL-50MG/ML(BENADRYL)	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X5776	06:HCPCS	TERBUTALINE SUL-1MG/ML(BRETHINE BRIC SUB	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X5776	06:HCPCS	TERBUTALINE SUL-1MG/ML(BRETHINE BRIC SUB	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X5794	06:HCPCS	BUPIVACAINE HCL-0.5%	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X5860	06:HCPCS	SODIUM CEFTRIAXONE 1GM	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X5862	06:HCPCS	SODIUM CEFTRIAXONE 500 MGM	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X5956	06:HCPCS	CLINDAMYCIN-600MG(AS PHOSPHATE/4ML AMPUL	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X6004	06:HCPCS	DEXAMETHASONE SOD PHOSPHATE-4MG/ML	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X6004	06:HCPCS	DEXAMETHASONE SOD PHOSPHATE-4MG/ML	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X6014	06:HCPCS	PRENISOLONE ACETATE-25MG/ML	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X6036	06:HCPCS	METHYLPREDNISOLONE ACETATE-80MG/ML	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X6064	06:HCPCS	DIAZEPAM-5MG/ML(VALIUM)	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X6084	06:HCPCS	PHENYTOIN SOD PNT-50MG/ML(DILANTIN)	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X6090	06:HCPCS	HYDROMOPHONE HCL-2MG/ML/HYDROMOPHONE DIL	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X6092	06:HCPCS	HYDROMORPHONE HCL-1MG/ML/HYDROMORPHONE	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X6206	06:HCPCS	FENTANYL-0.05MG/ML(SUBLIMAZE)	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X6226	06:HCPCS	FOLIC ACIDS-5MG/ML(FOLVITE)	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X6228	06:HCPCS	FUROSEMIDE-10MG/ML(LASIX)	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X6282	06:HCPCS	HEPARIN LOCK FLUSH SOL-100UNITS/ML	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X6366	06:HCPCS	INSULIN INJ/BEEF/PORK/PANCREAS-100UNITML	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X6464	06:HCPCS	LIDOCAINE HCL-10%(100MG/ML)	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X6470	06:HCPCS	LIDOCAINE HCL-2%(20MG/ML)	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X6474	06:HCPCS	LIDOCAINE HCL-2% 1:200,000EPINEPHRINE	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X6488	06:HCPCS	LIDOCAINE HCL-1% 1:100,000EPINEPHRINE	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X6512	06:HCPCS	MAGNESIUM SULFATE-50%	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X6530	06:HCPCS	BUPIVACAINE HCL-0.5%(MARCAINE)	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X6594	06:HCPCS	MORPHINE-10MG/ML(MORPHINE SULFATE)	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X6596	06:HCPCS	MORPHINE-8MG/ML(MORPHINE SULFATE)	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X6598	06:HCPCS	M.V.I-10 ML	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X6612	06:HCPCS	NALBUPHINE HCL-10MG/ML/NUBAIN)	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X6616	06:HCPCS	NALOXONE HCL-0.02MG/ML(NARCAN)	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X6742	06:HCPCS	PROMETHAZINE HCL/25 MG/ML(PHENAZINE)	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X6828	06:HCPCS	SUCCINYLCHOLINE CHLORIDE-100MG/ML(Q.S.)	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X6998	06:HCPCS	VANCOMYCIN-500MG(AS HCL)/10ML(VANCOCIN)	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X7026	06:HCPCS	CEFOTAXIME SODIUM 1 GM	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X7050	06:HCPCS	ONDANSETRON HCL - 1 MG	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X7700	06:HCPCS	ADM.IV SOLN.INIT 1000CC INC SUPPL	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X7700	06:HCPCS	ADM.IV SOLN.INIT 1000CC INC SUPPL	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X7700	06:HCPCS	ADM.IV SOLN.INIT 1000CC INC SUPPL	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X7702	06:HCPCS	ADM.IV SOLN.EA ADDITIONAL 1000CC INC SUPP	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Z5000	06:HCPCS	CASE MGMT.-AIDS WAIVER	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
Z5000	06:HCPCS	CASE MGMT.-AIDS WAIVER	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
Z5000	06:HCPCS	CASE MGMT.-AIDS WAIVER	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
Z5000	06:HCPCS	CASE MGMT.-AIDS WAIVER	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
Z5000	06:HCPCS	CASE MGMT.-AIDS WAIVER	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
Z5002	06:HCPCS	SKILLED NURSING-AIDS WAIVER (RN)	-	-	-	-	05.01 PRIVATE DUTY NURSING	05 NURSING
Z5004	06:HCPCS	SKILLED NURSING-AIDS WAIVER-LVN	-	-	-	-	05.01 PRIVATE DUTY NURSING	05 NURSING
Z5006	06:HCPCS	PSYCHO-SOCIAL COUNSELING-AIDS WAIVER	-	-	-	-	10.06 COUNSELING	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
Z5006	06:HCPCS	PSYCHO-SOCIAL COUNSELING-AIDS WAIVER	-	-	-	-	10.06 COUNSELING	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
Z5008	06:HCPCS	ATTENDANT CARE - AIDS WAIVER	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
Z5008	06:HCPCS	ATTENDANT CARE - AIDS WAIVER	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
Z5008	06:HCPCS	ATTENDANT CARE - AIDS WAIVER	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
Z5008	06:HCPCS	ATTENDANT CARE - AIDS WAIVER	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
Z5010	06:HCPCS	HOMEMAKER CARE - AIDS WAIVER	-	-	-	-	08.05 HOMEMAKER	08 HOME-BASED SERVICES
Z5010	06:HCPCS	HOMEMAKER CARE - AIDS WAIVER	-	-	-	-	08.05 HOMEMAKER	08 HOME-BASED SERVICES
Z5012	06:HCPCS	FOSTER CHILD SUPPORT - AIDS WAIVER	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
Z5014	06:HCPCS	EQUIP AND MINOR PHYSICAL ADAPT TO HOME	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Z5016	06:HCPCS	NON-EMERGENCY MEDICAL TRASPORTATION	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION

CALIFORNIA: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
Z5016	06:HCPCS	NON-EMERGENCY MEDICAL TRASPORTATION	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
Z5018	06:HCPCS	ADMINISTRATIVE COSTS - AIDS WAIVER	-	-	-	-	17.99.9 OTHER	17 OTHER
Z5018	06:HCPCS	ADMINISTRATIVE COSTS - AIDS WAIVER	-	-	-	-	17.99.9 OTHER	17 OTHER
Z5018	06:HCPCS	ADMINISTRATIVE COSTS - AIDS WAIVER	-	-	-	-	17.99.9 OTHER	17 OTHER
Z5018	06:HCPCS	ADMINISTRATIVE COSTS - AIDS WAIVER	-	-	-	-	17.99.9 OTHER	17 OTHER
Z5018	06:HCPCS	ADMINISTRATIVE COSTS - AIDS WAIVER	-	-	-	-	17.99.9 OTHER	17 OTHER
Z5020	06:HCPCS	NUTRITIONAL COUNSELING	-	-	-	-	11.04 NUTRITION CONSULTATION	11 OTHER HEALTH AND THERAPEUTIC SERVICES
Z5020	06:HCPCS	NUTRITIONAL COUNSELING	-	-	-	-	11.04 NUTRITION CONSULTATION	11 OTHER HEALTH AND THERAPEUTIC SERVICES
Z5022	06:HCPCS	NUTRITIONAL SUPPLEMENTS/HOME DELIVERED	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Z5804	06:HCPCS	EPSDT-REGISTERED NURSE (INDIVIDUAL)	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
Z5806	06:HCPCS	EPSDT-LVN (INDIVIDUAL)	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
Z5832	06:HCPCS	EPSDT REGISTERED NURSE (HHA)	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
Z5834	06:HCPCS	EPSDT-LVN (HHA)	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
Z5836	06:HCPCS	EPSDT-RN PROVIDING SUPERVISION (HHA)	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
Z5838	06:HCPCS	EPSDT-HOME HEALTH AIDE (HHA)	-	-	-	-	08.02 HOME HEALTH AIDE	08 HOME-BASED SERVICES
Z6700	06:HCPCS	IHMC CASE MANAGEMENT RN WK ONE HR VISITS	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
Z6720	06:HCPCS	NF-HOME HEALTH AIDE SVC-HOURLY	-	-	-	-	08.02 HOME HEALTH AIDE	08 HOME-BASED SERVICES
Z6758	06:HCPCS	NF-PHYSICAL THERAPY SERVICES-INITIAL	-	-	-	-	11.09 PHYSICAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
Z6900	06:HCPCS	SKILLED NURSING SERVICES	-	-	-	-	05.02 SKILLED NURSING	05 NURSING
Z6902	06:HCPCS	HOME HEALTH AIDE SERVICES	-	-	-	-	08.02 HOME HEALTH AIDE	08 HOME-BASED SERVICES
Z6904	06:HCPCS	PHYSICAL THERAPY SERVICES	-	-	-	-	11.09 PHYSICAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
Z6906	06:HCPCS	OCCUPATIONAL THERAPY SERVICES	-	-	-	-	11.08 OCCUPATIONAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
Z6908	06:HCPCS	SPEECH THERAPY SERVICES	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
Z6910	06:HCPCS	MEDICAL SOCIAL SERVICES	-	-	-	-	10.09 OTHER MENTAL HEALTH AND BEHAVIORAL SERVICES	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
Z6914	06:HCPCS	CASE EVALUATION & INITIAL TREATMENT PLAN	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
Z6916	06:HCPCS	MONTHLY CASE EVALUATION	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
Z6920	06:HCPCS	HOME HLTH AGENCY ERLY DSCHG FOLWUP VST	-	-	-	-	08.02 HOME HEALTH AIDE	08 HOME-BASED SERVICES
Z7100	06:HCPCS	ROUTINE HOME CARE - HOSPICE	-	-	-	-	17.99.9 OTHER	17 OTHER
Z7104	06:HCPCS	SUP. RESPITE CARE - HOSPICE	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
Z7500	06:HCPCS	USE OF HOSP,EXAM.OR TREAT.RM.	-	-	-	-	17.99.9 OTHER	17 OTHER
Z7502	06:HCPCS	USE OF EMERGENCY ROOM	-	-	-	-	17.99.9 OTHER	17 OTHER
Z7506	06:HCPCS	USE OF OPER ROOM OR CYST ROOM-FIRST HOUR	-	-	-	-	17.99.9 OTHER	17 OTHER
Z7512	06:HCPCS	USE OF RECOVERY ROOM	-	-	-	-	17.99.9 OTHER	17 OTHER
Z7514	06:HCPCS	PAY FOR RM AND BOARD AND GEN NURSING CAR	-	-	-	-	17.99.9 OTHER	17 OTHER
Z7610	06:HCPCS	MISC DRUGS AND MED SUPPLIES, ADMIN STAT	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Z8500	06:HCPCS	ADHC REGULAR DAY OF SERVICE	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
Z8550	06:HCPCS	MSSP-CASE MANAGEMENT	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
Z8551	06:HCPCS	MSSP-ADMINSTRATION	-	-	-	-	17.99.9 OTHER	17 OTHER
Z8552	06:HCPCS	MSSP-ADULT SOCIAL DAY CARE-DAY	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
Z8554	06:HCPCS	MSSP-ADULT DAY CARE-DAY	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
Z8555	06:HCPCS	MSSP-ADULT DAY CARE-HOUR	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
Z8556	06:HCPCS	MSSP-HOUSING ASSISTANCE	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Z8557	06:HCPCS	MSSP-NON MED HOME EQUIP	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Z8558	06:HCPCS	MSSP-EMERGENCY MOVE	-	-	-	-	17.03 HOUSING CONSULTATION	17 OTHER
Z8559	06:HCPCS	MSSP-IHSS/CHORE-DAY	-	-	-	-	08.06 CHORE	08 HOME-BASED SERVICES
Z8560	06:HCPCS	MSSP-IHSS/CHORE-HOUR	-	-	-	-	08.06 CHORE	08 HOME-BASED SERVICES
Z8561	06:HCPCS	MSSP-IHSS/PERSONAL CARE-DAY	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
Z8562	06:HCPCS	MSSP-IHSS/PERSONAL CARE-HOUR	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
Z8563	06:HCPCS	MSSP-IHSS/PERSONAL CARE-VISIT	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
Z8564	06:HCPCS	MSSP-IHSS/HEALTH CARE-DAY	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
Z8565	06:HCPCS	MSSP-IHSS/HEALTH CARE-HOUR	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
Z8566	06:HCPCS	MSSP-IHSS/HEALTH CARE-VISIT	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
Z8567	06:HCPCS	MSSP-IHSS/PROTECTIVE SVCS-DAY	-	-	-	-	08.04 COMPANION	08 HOME-BASED SERVICES
Z8568	06:HCPCS	MSSP-IHSS/PROTECTIVE SVCS-HOUR	-	-	-	-	08.04 COMPANION	08 HOME-BASED SERVICES
Z8570	06:HCPCS	MSSP-PROFESSIONAL CARE ASST-HOUR	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
Z8571	06:HCPCS	MSSP-PROFESSIONAL CARE ASST-VISIT	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
Z8572	06:HCPCS	MSSP-PURCHASED ASSMNT-VISIT	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT

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PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
Z8573	06:HCPCS	MSSP-PURCHASED ASSMNT-HOUR	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
Z8574	06:HCPCS	MSSP-RESPIRE IN-HOME-DAY	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
Z8575	06:HCPCS	MSSP-RESPIRE IN-HOME-HOUR	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
Z8576	06:HCPCS	MSSP-RESPIRE OUT-OF-HOME-HOUR	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
Z8580	06:HCPCS	MSSP-CONGREGATE MEALS	-	-	-	-	06.01 HOME DELIVERED MEALS	06 HOME DELIVERED MEALS
Z8581	06:HCPCS	MSSP-HOME DELIVERED MEALS	-	-	-	-	06.01 HOME DELIVERED MEALS	06 HOME DELIVERED MEALS
Z8582	06:HCPCS	MSSP-FOOD SUPPLEMENT	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Z8583	06:HCPCS	MSSP-SOCIAL REASSURANCE-HOUR	-	-	-	-	08.04 COMPANION	08 HOME-BASED SERVICES
Z8584	06:HCPCS	MSSP-THERAPEUTIC COUNSELING-HOUR	-	-	-	-	10.06 COUNSELING	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
Z8585	06:HCPCS	MSSP-MONEY MGMT-VISIT	-	-	-	-	17.99.9 OTHER	17 OTHER
Z8586	06:HCPCS	MSSP-MONEY MGMT-HOUR	-	-	-	-	17.99.9 OTHER	17 OTHER
Z8587	06:HCPCS	MSSP-COMMUNICATION-TRANSLATE	-	-	-	-	17.02 INTERPRETER	17 OTHER
Z8588	06:HCPCS	MSSP-COMM DEVICE-INSTALL/ETC	-	-	-	-	14.01 PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Z8589	06:HCPCS	MSSP-COMM DEVICE-MONTHLY	-	-	-	-	14.01 PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Z8590	06:HCPCS	MSSP-PERSONAL CARE-ITEM	-	-	-	-	14.03.9 EQUIPMENT, TECHNOLOGY, AND SUPPLIES, UNSPECIFIED	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Z8591	06:HCPCS	MSSP-RESPIRE OUT-OF-HOME-DAY	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
Z8592	06:HCPCS	MSSP PURCH SPEC. CASE MGMT ONE TIME ONLY	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
Z8593	06:HCPCS	MSSP TRANSPORTATION ESCORT HOUR	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
Z8594	06:HCPCS	MSSP PURCHASE CASE MANAGEMENT MO	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
Z8595	06:HCPCS	MSSP - SOCIAL REASSURANCE - DAY	-	-	-	-	08.04 COMPANION	08 HOME-BASED SERVICES
Z8596	06:HCPCS	MSSP - SOCIAL REASSURANCE - MONTH	-	-	-	-	08.04 COMPANION	08 HOME-BASED SERVICES
Z8597	06:HCPCS	MSSP-TRANSPORTATION-ONE WAY	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
Z8598	06:HCPCS	MSSP-RESTORATION OF UTILITY SERVICE	-	-	-	-	17.99.9 OTHER	17 OTHER
Z8598	06:HCPCS	MSSP-RESTORATION OF UTILITY SERVICE	-	-	-	-	17.99.9 OTHER	17 OTHER
Z8598	06:HCPCS	MSSP-RESTORATION OF UTILITY SERVICE	-	-	-	-	17.99.9 OTHER	17 OTHER
Z8599	06:HCPCS	MSSP-TEMPORARY LODGING	-	-	-	-	17.03 HOUSING CONSULTATION	17 OTHER
Z8601	06:HCPCS	MSSP-TCM-NO TRANSITION TO WAIVER	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
Z8602	06:HCPCS	MSSP-PROFESSIONAL CARE ASSISTANCE	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
Z8603	06:HCPCS	MSSP-CHORE	-	-	-	-	08.06 CHORE	08 HOME-BASED SERVICES
Z9004	06:HCPCS	DDS-WAIVER THERAPY-MUSIC THERAPIST	-	-	-	-	11.13 OTHER THERAPIES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
Z9005	06:HCPCS	DDS-WAIVER THERAPY-RECREATIONAL THERAPIST	-	-	-	-	17.99.9 OTHER	17 OTHER
Z9007	06:HCPCS	DDS-WAIVER AUDIOLOGY	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
Z9008	06:HCPCS	DDS-WAIVER SPEECH PATHOLOGY	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
Z9012	06:HCPCS	DDS-WAIVER CLINICAL PSYCHOLOGIST	-	-	-	-	10.09 OTHER MENTAL HEALTH AND BEHAVIORAL SERVICES	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
Z9014	06:HCPCS	DDS-WAIVER SUPPORTIVE-REPAIR SERVICES	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Z9015	06:HCPCS	DDS-WAIVER SUPPORTIVE-PERSONAL EMERGENCY RESPONSE SYSTEM	-	-	-	-	14.01 PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Z9016	06:HCPCS	DDS-WAIVER SUPPORTIVE-ADAPTIVE SKILLS TRAINER	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
Z9020	06:HCPCS	DDS-WAIVER SUPPORTIVE-COUNSELING SERVICES	-	-	-	-	10.06 COUNSELING	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
Z9021	06:HCPCS	DDS-WAIVER SUPPORTIVE-INDEPENDENT LIVING SPECIALIST	-	-	-	-	99.99.9 UNKNOWN	99 UNKNOWN
Z9022	06:HCPCS	DDS-WAIVER SUPPORTIVE-INTERPRETER	-	-	-	-	17.02 INTERPRETER	17 OTHER
Z9023	06:HCPCS	DDS-WAIVER SUPPORTIVE-TRANSLATOR	-	-	-	-	17.02 INTERPRETER	17 OTHER
Z9024	06:HCPCS	DDS-WAIVER SUPPORTIVE-DEVELOPMENTAL SPECIALIST	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
Z9025	06:HCPCS	DDS-WAIVER SUPPORTIVE-CAMPING SERVICES	-	-	-	-	17.99.9 OTHER	17 OTHER
Z9026	06:HCPCS	DDS-WAIVER SUPPORTIVE-ADULT DAY CARE	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
Z9027	06:HCPCS	DDS-WAIVER SUPPORTIVE-HOMEMAKER	-	-	-	-	08.05 HOMEMAKER	08 HOME-BASED SERVICES
Z9028	06:HCPCS	DDS-WAIVER SUPPORTIVE-HOMEMAKER SERVICE	-	-	-	-	08.05 HOMEMAKER	08 HOME-BASED SERVICES
Z9029	06:HCPCS	DDS-WAIVER SUPPORTIVE-IN HOME RESPITE SERVICES AGENCY	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
Z9030	06:HCPCS	DDS-WAIVER SUPPORTIVE-IN HOME RESPITE WORKER	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
Z9031	06:HCPCS	DDS-WAIVER SUPPORTIVE-OUT OF HOME RESPITE SERVICES	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
Z9032	06:HCPCS	DDS-WAIVER SUPPORTIVE-RESPITE FACILITY	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
Z9034	06:HCPCS	DDS-WAIVER TRAINING-COMMUNITY INTEGRATION SERVICES	-	-	-	-	04.07 COMMUNITY INTEGRATION	04 DAY SERVICES

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Z9038	06:HCPCS	DDS-WAIVER TRAINING-BEHAVIOR MANAGEMENT ASSISTANT	-	-	-	-	10.04 BEHAVIOR SUPPORT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
Z9039	06:HCPCS	DDS-WAIVER TRAINING-BEHAVIOR MANAGEMENT CONSULTANT	-	-	-	-	10.04 BEHAVIOR SUPPORT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
Z9043	06:HCPCS	DDS-WAIVER DURABLE MEDICAL EQUIPMENT DEALER	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Z9046	06:HCPCS	DDS-WAIVER MEDICAL-LVN	-	38:PDN	-	-	05.01 PRIVATE DUTY NURSING	05 NURSING
Z9047	06:HCPCS	DDS-WAIVER MEDICAL-REGISTERED NURSE	-	38:PDN	-	-	05.01 PRIVATE DUTY NURSING	05 NURSING
Z9048	06:HCPCS	DDS-WAIVER MEDICAL-PSYCHIATRIC TECHNICIAN	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
Z9050	06:HCPCS	DDS-WAIVER CRISIS TEAM-EVALUATION AND BEHAVIOR INTERVENTION	-	-	-	-	10.03 CRISIS INTERVENTION	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
Z9051	06:HCPCS	DDS-WAIVER RESPITE-IN HOME RESPITE WORKER	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
Z9052	06:HCPCS	DDS-WAIVER RESPITE-NURSING FACILITY	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
Z9053	06:HCPCS	RESPITE - FAMILY MEMBER	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
Z9056	06:HCPCS	CLIENT/PARENT SUPPORT BEH. INTERVENTION PRG.	-	-	-	-	10.04 BEHAVIOR SUPPORT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
Z9059	06:HCPCS	CREATIVE ART PROGRAM	-	-	-	-	11.13 OTHER THERAPIES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
Z9060	06:HCPCS	GERIATRIC FACILITY	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
Z9060	06:HCPCS	GERIATRIC FACILITY	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
Z9061	06:HCPCS	INDIVIDUAL OR FAMILY TRAINING	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
Z9062	06:HCPCS	ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Z9063	06:HCPCS	SPECIALIZED RECREATIONAL THERAPY	-	-	-	-	17.99.9 OTHER	17 OTHER
Z9064	06:HCPCS	PARENTING SUPPORT SERVICES	-	-	-	-	09.02 CAREGIVER COUNSELING AND/OR TRAINING	09 CAREGIVER SUPPORT
Z9065	06:HCPCS	COMMUNICATION AIDES	-	-	-	-	17.02 INTERPRETER	17 OTHER
Z9066	06:HCPCS	DRIVER TRAINER-INDIVIDUAL	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
Z9067	06:HCPCS	PSYCHIATRIST	-	-	-	-	10.09 OTHER MENTAL HEALTH AND BEHAVIORAL SERVICES	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
Z9069	06:HCPCS	FAMILY HOME AGENCY	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
Z9072	06:HCPCS	BEHAVIOR ANALYST	-	-	-	-	10.04 BEHAVIOR SUPPORT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
Z9101	06:HCPCS	DDS-WAIVER NUTRITIONAL CONSULTATION-DIETARY SERVICES	-	-	-	-	11.04 NUTRITION CONSULTATION	11 OTHER HEALTH AND THERAPEUTIC SERVICES
Z9102	06:HCPCS	DDS-WAIVER HOME HEALTH AIDS-HOME HEALTH AGENCY	-	-	-	-	08.02 HOME HEALTH AIDE	08 HOME-BASED SERVICES
Z9103	06:HCPCS	DDS-WAIVER RESIDENTIAL HABILITATION, PERSONAL CARE, CRISIS INTERVENTION FACILITY SERVICES RESPITE, RESIDENTIAL FACILITY SERVING ADULTS-OWNER OPERATED	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
Z9104	06:HCPCS	DDS-WAIVER RESIDENTIAL HABILITATION, PERSONAL CARE, CRISIS INTERVENTION FACILITY SERVICES RESPITE, RESIDENTIAL FACILITY SERVING CHILDREN-OWNER OPERATED	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
Z9105	06:HCPCS	DDS-WAIVER RESIDENTIAL HABILITATION, PERSONAL CARE, CRISIS INTERVENTION FACILITY SERVICES RESPITE, RESIDENTIAL FACILITY SERVING ADULTS-STAFF OPERATED	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
Z9106	06:HCPCS	DDS-WAIVER RESIDENTIAL HABILITATION, PERSONAL CARE, CRISIS INTERVENTION FACILITY SERVICES RESPITE, RESIDENTIAL FACILITY SERVING CHILDREN-STAFF OPERATED	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
Z9110	06:HCPCS	DDS-WAIVER SUPPORTIVE-VEHICLE ADAPTATION	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Z9111	06:HCPCS	DDS-WAIVER SLS-SUPPORTIVE-PERSONAL ASSISTANCE	-	-	-	-	02.03.3 IN-HOME ROUND-THE-CLOCK SERVICES, OTHER	02 ROUND-THE-CLOCK SERVICES
Z9112	06:HCPCS	DDS-WAIVER SLS-SUPPORTIVE-COMMUNITY ACTIVITIES SUPPORT SERVICES	-	-	-	-	17.99.9 OTHER	17 OTHER
Z9113	06:HCPCS	DDS-WAIVER PROGRAM SUPPORT-SPORTS CLUB	-	-	-	-	17.99.9 OTHER	17 OTHER
Z9121	06:HCPCS	OUT-OF -STATE RESIDENTIAL TREATMENT	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
Z9122	06:HCPCS	CRISIS INTERVENTION/CCF BED	-	-	-	-	10.03 CRISIS INTERVENTION	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
Z9123	06:HCPCS	SUPPLEMENTAL RESIDENTIAL PROGRAM SUPPORT	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
Z9124	06:HCPCS	SPECIALIZED RES. FACILITY - HABILITATION	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES

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PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
Z9125	06:HCPCS	SUPPORTED LIVING SERVICES	-	-	-	-	02.03.3 IN-HOME ROUND-THE-CLOCK SERVICES, OTHER	02 ROUND-THE-CLOCK SERVICES
Z9126	06:HCPCS	SUPPORTED LIVING SERVICES VENDOR ADMINISTRATION	-	-	-	-	02.03.3 IN-HOME ROUND-THE-CLOCK SERVICES, OTHER	02 ROUND-THE-CLOCK SERVICES
Z9200	06:HCPCS	DDS-WAIVER CHILDREN-DAY HABILITATION	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
Z9201	06:HCPCS	DDS-WAIVER CHILDREN-INFANT DEVELOPMENT PROGRAM	-	-	-	-	10.09 OTHER MENTAL HEALTH AND BEHAVIORAL SERVICES	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
Z9202	06:HCPCS	DDS-WAIVER ADULT-ACTIVITY CENTER	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
Z9203	06:HCPCS	DDS-WAIVER ADULT-DEVELOPMENT CENTER	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
Z9204	06:HCPCS	DDS-WAIVER ADULT-BEHAVIOR MANAGEMENT PROGRAM	-	-	-	-	10.04 BEHAVIOR SUPPORT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
Z9205	06:HCPCS	DDS-WAIVER INDEPENDENT LIVING PROGRAM	-	-	-	-	99.99.9 UNKNOWN	99 UNKNOWN
Z9206	06:HCPCS	DDS-WAIVER ADULT-SOCIAL RECREATION PROGRAM	-	-	-	-	17.99.9 OTHER	17 OTHER
Z9207	06:HCPCS	IN-HOME DAY PROGRAM	-	-	-	-	08.01 HOME-BASED HABILITATION	08 HOME-BASED SERVICES
Z9208	06:HCPCS	SUPPLEMENTAL DAY SERVICES - PROG. SPT.	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
Z9209	06:HCPCS	SUPPLEMENTAL PROGRAM SUPPORT - PRE. SER.	-	-	-	-	10.04 BEHAVIOR SUPPORT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
Z9300	06:HCPCS	DDS-WAIVER TRANSPORTATION-FAMILY MEMBER	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
Z9302	06:HCPCS	DDS-WAIVER TRANSPORTATION COMPANIES	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
Z9303	06:HCPCS	DDS-WAIVER TRANSPORTATION-ADDITIONAL COMPONENT	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
Z9304	06:HCPCS	DDS-WAIVER TRANSPORTATION BROKER	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
Z9305	06:HCPCS	DDS-WAIVER MOBILITY TRAINING SERVICES AGENCY	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
Z9306	06:HCPCS	DDS-WAIVER MOBILITY TRAINING SERVICES SPECIALIST	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
Z9307	06:HCPCS	DDS-WAIVER TRANSPORTATION ASSISTANT	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
Z9308	06:HCPCS	DDS-WAIVER TRANSPORTATION-AUTO DRIVER	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
Z9310	06:HCPCS	SUPPORTED EMPLOYMENT PROGRAM - GROUP SERVICES	-	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
Z9311	06:HCPCS	SUPPORTED EMPLOYMENT PROGRAM - INDIVIDUAL SERVICES	-	-	-	-	03.02.1 ONGOING SUPPORTED EMPLOYMENT, INDIVIDUAL	03 SUPPORTED EMPLOYMENT
Z9312	06:HCPCS	WORK ACTIVITY PROGRAM	-	-	-	-	04.01 PREVOCATIONAL SERVICES	04 DAY SERVICES
Z9313	06:HCPCS	SPECIALIZED THERAPEUTIC SERVICES	-	-	-	-	11.13 OTHER THERAPIES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
Z9313	06:HCPCS	SPECIALIZED THERAPEUTIC SERVICES	-	-	-	-	11.13 OTHER THERAPIES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
Z9525	06:HCPCS	DSS-IN HOME SUPPORTIVE SERVICES-PERSONAL CARE SERVICES PROGRAM	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
Z9999	06:HCPCS	TRANSPORTATION -PUBLIC/RENTAL/TAXI	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION

COLORADO: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
T2025	06:HCPCS	CONSUMER DIRECTED ATTENDANT SUPPORT SERVICES	U1	-	-	-	08.01 HOME-BASED HABILITATION	08 HOME-BASED SERVICES
T2025	06:HCPCS	NON-MEDICAL TRANSPORTATION - PUBLIC CONVEYANCE	U3	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
T2025	06:HCPCS	NON-MEDICAL TRANSPORTATION - PUBLIC CONVEYANCE	U8	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
T2025	06:HCPCS	CONSUMER DIRECTED ATTENDANT SUPPORT SERVICES	UA	-	-	-	08.01 HOME-BASED HABILITATION	08 HOME-BASED SERVICES

CONNECTICUT: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
1200Z	10:OTHER SYS	ADULT DAY HEALTH - FULL DAY (NON-MEDICAL MODEL PROVIDER)	-	-	-	11	04.05 ADULT DAY HEALTH	04 DAY SERVICES
1200Z	10:OTHER SYS	ADULT DAY HEALTH - FULL DAY (NON-MEDICAL MODEL PROVIDER)	-	-	-	13	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
1201Z	10:OTHER SYS	ADULT DAY HEALTH - FULL DAY (APPROVED MEDICAL MODEL PROVIDER)	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
1202Z	10:OTHER SYS	ADULT DAY HEALTH - HALF DAY (LESS THAN OR EQUAL TO 4 HRS)	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
1206Z	10:OTHER SYS	CHORE SERVICE AGENCY 1/4 HOUR	-	-	-	-	08.06 CHORE	08 HOME-BASED SERVICES
1208Z	10:OTHER SYS	CHORE SERVICE - HIGHLY SKILLED / HOUR	-	-	-	-	08.06 CHORE	08 HOME-BASED SERVICES
1209Z	10:OTHER SYS	MINOR HOME MODIFICATIONS	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
1210Z	10:OTHER SYS	COMPANION SERVICE - AGENCY PER 1/4 HOUR	-	-	-	-	08.04 COMPANION	08 HOME-BASED SERVICES
1214Z	10:OTHER SYS	HOMEMAKER SERVICE - AGENCY - PER 1/4 HOUR	-	-	-	-	08.05 HOMEMAKER	08 HOME-BASED SERVICES
1218Z	10:OTHER SYS	MEAL SERVICE - SINGLE HOT MEAL	-	-	-	-	06.01 HOME DELIVERED MEALS	06 HOME DELIVERED MEALS
1220Z	10:OTHER SYS	DOUBLE MEAL (ONE HOT - ONE COLD) PER DOUBLE MEAL	-	-	-	-	06.01 HOME DELIVERED MEALS	06 HOME DELIVERED MEALS
1221Z	10:OTHER SYS	KOSHER MEALS DOUBLE	-	-	-	-	06.01 HOME DELIVERED MEALS	06 HOME DELIVERED MEALS
1222Z	10:OTHER SYS	INITIAL PERS SERVICE INSTALLATION - ONE TIME ONLY	-	-	-	-	14.01 PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
1223Z	10:OTHER SYS	TWO-WAY PERS SYSTEM ONGOING SERVICES	-	-	-	-	14.01 PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
1226Z	10:OTHER SYS	RESPIRE CARE IN THE HOME 1/4 HOUR- COMPANION	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
1228Z	10:OTHER SYS	RESPIRE CARE IN THE HOME 1/4 HOUR - HOMEMAKER	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
1230Z	10:OTHER SYS	RESPIRE CARE IN THE HOME PER HOUR- HEALTH AIDE	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
1232Z	10:OTHER SYS	RESPIRE CARE IN THE HOME PER HOUR-OTHER	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
1234Z	10:OTHER SYS	RESPIRE CARE- REST HOME WITH NURSING SUPERVISION- PER DAY	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
1236Z	10:OTHER SYS	RESPIRE CARE- CHRONIC CONVALESCENT NURSING FACILITY- PER DAY	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
1238Z	10:OTHER SYS	RESPIRE CARE ADULT DAY CARE CENTER - PER DAY (NON-MEDICAL MODEL PROVIDER)	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
1239Z	10:OTHER SYS	RESPIRE CARE ADULT DAY CARE CENTER - PER DAY (APPROVED MEDICAL MODEL PROVI	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
1240Z	10:OTHER SYS	RESPIRE CARE- LICENSED HOME FOR THE AGED PER DAY	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
1242Z	10:OTHER SYS	RESPIRE CARE ELDERLY FOSTER CARE PROVIDER-PER DAY	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
1244Z	10:OTHER SYS	RESPIRE CARE OUT OF THE HOME-PER HOUR-OTHER	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
1247Z	10:OTHER SYS	MENTAL HEALTH COUNSELING-INDIVIDUAL (PROVIDED IN CLIENT'S HOME)	-	-	-	-	10.06 COUNSELING	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
1256Z	10:OTHER SYS	MENTAL HEALTH COUNSELING - INDIVIDUAL (45 - 50 MIN) OUT OF HOME	-	-	-	-	10.06 COUNSELING	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
1264Z	10:OTHER SYS	SOCIAL TRANSPORTATION - LIVERY - PER TRIP	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
1266Z	10:OTHER SYS	SOCIAL TRANSPORTATION - INVALID COACH - PER TRIP	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
1286Z	10:OTHER SYS	CASE MGMT SERVICES (ACTIVITIES RELATED TO IMPLEMENTATION, COORDINATION)	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
1288Z	10:OTHER SYS	INITIAL ASSES(WRITTEN EVAL OF INDIV MED, PSYCH & ECONOM STATUS, DEGREE	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
1291Z	10:OTHER SYS	RE-EVALUATION OF CLIENT STATUS REVIEW	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
1292Z	10:OTHER SYS	IN HOSPITAL STATUS REVIEW	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
1293Z	10:OTHER SYS	NURSING HOME STATUS REVIEW	-	-	-	-	05.02 SKILLED NURSING	05 NURSING
1295Z	10:OTHER SYS	CLAIMS PROCESSING FEE- SELF DIRECTED CARE CLIENT	-	-	-	-	12.02 INFORMATION AND ASSISTANCE IN SUPPORT OF PAR	12 SERVICES SUPPORTING PARTICIPANT DIRECTION
1400Z	10:OTHER SYS	RESPIRE - COMMUNITY	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
1401Z	10:OTHER SYS	RESPIRE - RESIDENT OF CTH	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
1402Z	10:OTHER SYS	RESPIRE - FACILITY BASED	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
1415Z	10:OTHER SYS	FAMILY TRAINING - INDIVIDUAL	-	-	-	-	09.02 CAREGIVER COUNSELING AND/OR TRAINING	09 CAREGIVER SUPPORT
1417Z	10:OTHER SYS	ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
1430Z	10:OTHER SYS	OCCASIONAL PERSONAL SERVICES-PER DAY	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
1431Z	10:OTHER SYS	LIMITED PERSONAL SERVICES - PER DAY	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
1432Z	10:OTHER SYS	MODERATE PERSONAL SERVICES - PER DAY	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
1433Z	10:OTHER SYS	EXTENSIVE PERSONAL SERVICES - PER DAY	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES

CONNECTICUT: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
1434Z	10:OTHER SYS	CORE ASSISTED LIVING SERVICES - PER DAY	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
1434Z	10:OTHER SYS	CORE ASSISTED LIVING SERVICES - PER DAY	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
1434Z	10:OTHER SYS	CORE ASSISTED LIVING SERVICES - PER DAY	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
1434Z	10:OTHER SYS	CORE ASSISTED LIVING SERVICES - PER DAY	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
1434Z	10:OTHER SYS	CORE ASSISTED LIVING SERVICES - PER DAY	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
1435Z	10:OTHER SYS	DEMO PROJECT / OCCASIONAL PERSONAL SERVICES - PER DAY	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
1436Z	10:OTHER SYS	DEMO PROJECT / LIMITED PERSONAL SERVICES - PER DAY	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
1437Z	10:OTHER SYS	DEMO PROJECT/MODERATE PERSONAL SERVICES - PER DAY	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
1438Z	10:OTHER SYS	DEMO PROJECT/EXTENSIVE PERSONAL SERVICES - PER DAY	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
1439Z	10:OTHER SYS	DEMO PROJECT/CORE ASSISTED LIVING SERVICES - PER DAY	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
1439Z	10:OTHER SYS	DEMO PROJECT/CORE ASSISTED LIVING SERVICES - PER DAY	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
1520P	10:OTHER SYS	PERSONAL CARE ASSISTANCE SERVICES	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
1530P	10:OTHER SYS	CASE-MANAGEMENT SERVICES PER HOUR	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
1532P	10:OTHER SYS	CHORE SERVICES PER 1/4 HOUR	-	-	-	-	08.06 CHORE	08 HOME-BASED SERVICES
1534P	10:OTHER SYS	COMMUNITY LIVING SUPPORT SERVICES PER 1/2 DAY	-	-	-	-	10.07 PSYCHOSOCIAL REHABILITATION	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
1536P	10:OTHER SYS	COMPANION SERVICES PER 1/4 HOUR (18-HOUR/DAY MAX.)	-	-	-	-	08.04 COMPANION	08 HOME-BASED SERVICES
1538P	10:OTHER SYS	ENVIRONMENTAL MODIFICATION PER UNIT (\$10,000/YR=MAX.)	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
1542P	10:OTHER SYS	HOMEMAKER SERVICES PER 1/4 HOUR	-	-	-	-	08.05 HOMEMAKER	08 HOME-BASED SERVICES
1546P	10:OTHER SYS	INDEPENDENT LIVING SKILL DEVELOPMENT (INDIVIDUAL) PER HOUR	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
1547P	10:OTHER SYS	INDEPENDENT LIVING SKILL DEVELOPMENT (GROUP) PER HOUR	-	-	-	-	99.99.9 UNKNOWN	99 UNSPECIFIED
1548P	10:OTHER SYS	COGNITIVE BEHAVIORAL PROGRAMS PER HOUR	-	-	-	-	11.12 COGNITIVE REHABILITATIVE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
1550P	10:OTHER SYS	HOME DELIVERED MEALS PER DAY (SINGLE MEAL)	-	-	-	-	06.01 HOME DELIVERED MEALS	06 HOME DELIVERED MEALS
1551P	10:OTHER SYS	HOME DELIVERED MEALS PER DAY (DOUBLE MEALS)	-	-	-	-	06.01 HOME DELIVERED MEALS	06 HOME DELIVERED MEALS
1554P	10:OTHER SYS	PERSONAL CARE ASSISTANCE PER 1/4 HOUR (18 HR DAY = MAX)	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
1556P	10:OTHER SYS	PERSONAL EMERGENCY RESPONSE SYSTEM (INSTALLATION)	-	-	-	-	14.01 PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
1557P	10:OTHER SYS	PERSONAL SERVICE EMERGENCY RESPONSE SYSTEM (MONTHLY SERVICE ONE-WAY)	-	-	-	-	14.01 PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
1560P	10:OTHER SYS	PRE-VOCATIONAL SERVICES PER HOUR (MAS = 40 HOURS/WEEK)	-	-	-	-	04.01 PREVOCATIONAL SERVICES	04 DAY SERVICES
1562P	10:OTHER SYS	RESPIRE CARE PER HOUR	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
1564P	10:OTHER SYS	SPECIALIZED MEDICAL EQUIPMENT PER UNIT (\$10,000/YR = MAX.)	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
1572P	10:OTHER SYS	SUPPORTED EMPLOYMENT PER HOUR (40 HOURS/WEEK = MAX., CANNOT BE PROVIDED	-	-	-	-	03.02.9 ONGOING SUPPORTED EMPLOYMENT, UNSPECIFIED	03 SUPPORTED EMPLOYMENT
1574P	10:OTHER SYS	TRANSPORTATION - ONE WAY TRIP PUBLIC	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
1575P	10:OTHER SYS	TRANSPORTATION - MILEAGE	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
1578P	10:OTHER SYS	VEHICLE MODIFICATION PER UNIT (\$10,000/YEAR = MAX.)	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
2073Y	10:OTHER SYS	PRIVATE NON-MEDICAL INSTITUTIONAL SERVICES	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
2075Y	10:OTHER SYS	THERAPEUTIC GROUP HOMES	-	-	-	-	02.01.1 GROUP LIVING, RESIDENTIAL HABILITATION	02 ROUND-THE-CLOCK SERVICES
9750Z	10:OTHER SYS	RESPIRE SERVICES (UNSPECIFIED)	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
9751Z	10:OTHER SYS	RESPIRE CARE - FOSTER	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
9752Z	10:OTHER SYS	RESPIRE CARE RN - NSG SUPERVISION	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
9753Z	10:OTHER SYS	RESPIRE CARE - CCNF	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
9754Z	10:OTHER SYS	RESPIRE CARE - DMR LICENSED HOME	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
9757Z	10:OTHER SYS	RESPIRE CARE OUT-OF-THE HOME: OTHER DLY	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
9758Z	10:OTHER SYS	RESPIRE CARE: REGIONAL CENTER	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
9759Z	10:OTHER SYS	RESPIRE CARE: REHAB FACILITY	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
9764Z	10:OTHER SYS	DMR RESIDENTIAL HABITATIVE SERVICES	-	-	-	-	02.01.1 GROUP LIVING, RESIDENTIAL HABILITATION	02 ROUND-THE-CLOCK SERVICES
9768Z	10:OTHER SYS	COMMUNITY TRAINING HOMES LEVEL A - LESS THAN 24 HOUR SUPERVISION	-	-	-	-	02.02.1 SHARED LIVING, RESIDENTIAL HABILITATION	02 ROUND-THE-CLOCK SERVICES

CONNECTICUT: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
9769Z	10:OTHER SYS	COMMUNITY TRAINING HOMES LEVEL B - 24 HOUR SUPERVISION	-	-	-	-	02.02.1 SHARED LIVING, RESIDENTIAL HABILITATION	02 ROUND-THE-CLOCK SERVICES
9770Z	10:OTHER SYS	COMMUNITY TRAINING HOMES LEVEL C - ONGOING, COMPREHENSIVE CARE	-	-	-	-	02.02.1 SHARED LIVING, RESIDENTIAL HABILITATION	02 ROUND-THE-CLOCK SERVICES
T2016	06:HCPCS	HABILITATION, RESIDENTIAL, WAIVER; PER DIEM	-	-	-	-	02.03.1 IN-HOME RESIDENTIAL HABILITATION	02 ROUND-THE-CLOCK SERVICES

DISTRICT OF COLUMBIA: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
T2015	06:HCPCS	TENDON LENGTHENING, FLEXOR OR EXTENS	-	-	-	-	17.01 GOODS AND SERVICES	17 OTHER

DELAWARE: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
T2025	06:HCPCS	WAIVER SERVICES, NOT OTHERWISE SPECIFIED (NOS) (FORMERLY G9002 - DEFINED AS COORDINATED CARE FEE, MAINTENANCE RATE AND LOCAL CODE YY581 - DEFINED AS RESIDENTIAL HABILITATIONNEIGHBORHOOD GROUP HOMES, DAILY RATE.)	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES

FLORIDA: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
88UB0659	88:UNKNOWN	HOSPICE SERVICES-OTHER	-	-	-	-	17.99.9 OTHER	17 OTHER
S5199	06:HCPCS	CONSUMABLE MEDICAL SUPPLIES	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
97530	01:CPT	OCCUPATIONAL THERAPY	-	-	-	-	11.08 OCCUPATIONAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99499	01:CPT	MEDICATION REVIEW	-	-	-	-	11.03 MEDICATION ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
H2019	06:HCPCS	BEHAVIORAL ASSISTANT SERVICES FOR FSL WAIVER PER 15 MIN.	-	-	-	-	10.04 BEHAVIOR SUPPORT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
H2020	06:HCPCS	BEHAVIORAL THERAPY ASSESSMENT	-	-	-	-	10.04 BEHAVIOR SUPPORT	SERVICES
S5145	06:HCPCS	CRISIS INTERVENTION SERVICES	-	-	-	-	10.03 CRISIS INTERVENTION	SERVICES
W5704	06:HCPCS	RESPIRE PROVIDED BY RN, PER DIEM	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
W9505	06:HCPCS	CRT RESPIRE CARE PRIVATE	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
W9506	06:HCPCS	CRT RESPIRE CARE PUBLIC	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
W9517	06:HCPCS	IFL RESPIRE CARE PRIVATE	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
W9518	06:HCPCS	IFL RESPIRE CARE PUBLIC	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
W9527	06:HCPCS	RESPIRE CARE (HOUR)	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
W9528	06:HCPCS	RESPIRE CARE (DAY)	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
W9586	06:HCPCS	CRT BRIEF RESPIRE	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
W9587	06:HCPCS	IFL BRIEF RESPIRE	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
W9679	06:HCPCS	RESPIRE SVS: PROVIDING RELIEF TO CAREGIVER	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
W9711	06:HCPCS	RESPIRE	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
W9895	06:HCPCS	MODEL WAIVER RESPIRE SERVICES	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
W5705	06:HCPCS	LPN IN-HOME RESPIRE	-	-	-	-	09.01.2 RESPIRE, IN-HOME	09 CAREGIVER SUPPORT
W5706	06:HCPCS	HH/CNA IN-HOME RESPIRE	-	-	-	-	09.01.2 RESPIRE, IN-HOME	09 CAREGIVER SUPPORT
W9925	06:HCPCS	RESPIRE CARE HOME	-	-	-	-	09.01.2 RESPIRE, IN-HOME	09 CAREGIVER SUPPORT
W5703	06:HCPCS	HOSPICE RESPIRE-INPATIENT	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W9693	06:HCPCS	FACILITY-BASED RESPIRE	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W9924	06:HCPCS	RESPIRE CARE FACILITY	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W9985	06:HCPCS	INSTITUTIONAL RESPIRE CARE	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W9996	06:HCPCS	COMMUNITY RESPIRE CARE	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
H0043	06:HCPCS	RESIDENTIAL HAB THERAPY (DAY)	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
T1020	06:HCPCS	ASSISTED LIVING WAIVER SERVICES	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES

GEORGIA: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
S5150	06:HCPCS	OUT-OF-HOME RESPITE (HOURLY)	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
T2025	06:HCPCS	DAY SUPPORT MONTHLY	U5	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
T2025	06:HCPCS	DAY SUPPORT MONTHLY	U6	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
T2025	06:HCPCS	DAY SUPPORT MONTHLY	U1	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
S9123	06:HCPCS	SKILLED NURSING SERVICES RN	-	-	-	-	05.02 SKILLED NURSING	05 NURSING
S9124	06:HCPCS	SKILLED NURSING SERVICES LPN	-	-	-	-	05.02 SKILLED NURSING	05 NURSING
T1030	06:HCPCS	SKILLED NURSING SERVICES	-	-	-	-	05.02 SKILLED NURSING	05 NURSING
T2025	06:HCPCS	DAY SUPPORT MONTHLY	HQ	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
T2025	06:HCPCS	DAY SUPPORT MONTHLY	UB	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
T2033	06:HCPCS	COMMUNITY RESIDENTIAL ALTERNATIVE-DAILY	-	-	-	-	02.02.1 SHARED LIVING, RESIDENTIAL HABILITATION	02 ROUND-THE-CLOCK SERVICES

HAWAII: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
Z3060	-	SHORT TERM IN-HOME RESPITE CARE	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
Z3070	-	CONTINUOUS IN -HOME RESPITE CARE	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
Z3061	-	GROUP RESPITE CARE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT

IDAHO: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
8245A	10:OTHER SYS	DEVELOPMENTAL THERAPY/INDIVIDUAL - CDC (15 MIN)	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
8245W	10:OTHER SYS	DEVELOPMENTAL THERAPY - INDIVIDUAL - CDC (15 MIN)	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
8247A	10:OTHER SYS	DEVELOPMENTAL THERAPY INDV. IN HOME OR COMMUNITY PER 15 MINUTE UNITS	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
8247A	10:OTHER SYS	DEVELOPMENTAL THERAPY INDV. IN HOME OR COMMUNITY PER 15 MINUTE UNITS	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
8247W	10:OTHER SYS	DEVELOPMENTAL THERAPY - INDV. IN HOME OR COMMUNITY PER 15 MINUTE UNITS	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
8250W	10:OTHER SYS	DEVELOPMENTAL THERAPY / GROUP 15 MINUTES	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
8247W	10:OTHER SYS	DEVELOPMENTAL THERAPY - INDV. IN HOME OR COMMUNITY PER 15 MINUTE UNITS	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
8245W	10:OTHER SYS	DEVELOPMENTAL THERAPY - INDIVIDUAL - CDC (15 MIN)	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
0226B	10:OTHER SYS	EMERGENCY INTERVENTION TECH,15 MIN=UNIT/96 MAX- ISS	-	-	-	-	17.99.9 OTHER	17 OTHER
2016H	10:OTHER SYS	TBI DAILY RATE	-	-	-	-	17.99.9 OTHER	17 OTHER
8245S	10:OTHER SYS	DEVELOPMENTAL THERAPY/INDIVIDUAL; BY SCHOOL; 1 UNIT = 15 MINUTES	-	-	-	-	17.99.9 OTHER	17 OTHER
8250S	10:OTHER SYS	DEVELOPMENTAL THERAPY/GROUP BY SCHOOL; 1 UNIT = 15 MINUTES	-	-	-	-	17.99.9 OTHER	17 OTHER
1399P	10:OTHER SYS	ASSISTIVE TECHNOLOGY	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
0100B	10:OTHER SYS	ENVIRONMENTAL MODIFICATION	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
0669P	10:OTHER SYS	HOME MODIFICATION	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
0659P	10:OTHER SYS	PERSONAL EMERGENCY RESPONSE SYSTEM, INSTALLATION	-	-	-	-	14.01 PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
0660P	10:OTHER SYS	PERSONAL EMERGENCY RESPONSE SYSTEM, MONTHLY RENT	-	-	-	-	14.01 PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
0658P	10:OTHER SYS	CONSULTATION	-	-	-	-	12.02 INFORMATION AND ASSISTANCE IN SUPPORT OF PAR	12 SERVICES SUPPORTING PARTICIPANT DIRECTION
T2025	06:HCPCS	ARTHROSCOPY, MENISCECTOMY, KNEE	-	-	-	-	11.05 PHYSICIAN SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
5003H	10:OTHER SYS	INDIVIDUAL PSYCHOSOCIAL REHAB	-	-	-	-	10.07 PSYCHOSOCIAL REHABILITATION	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
5003S	10:OTHER SYS	PSYCHOSOCIAL REHAB INDIVIDUL BY SCHOOL; 1 UNIT = 15 MINUTES	-	-	-	-	10.07 PSYCHOSOCIAL REHABILITATION	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
0220B	10:OTHER SYS	BEHAVIOR CONSULT. QMRP-PER 15 MIN. UNIT	-	-	-	-	10.04 BEHAVIOR SUPPORT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
5000H	10:OTHER SYS	COMMUNITY CRISIS SUPPORT	-	-	-	-	10.03 CRISIS INTERVENTION	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
0250B	10:OTHER SYS	RESPIRE DAILY	-	-	-	99	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
0810W	10:OTHER SYS	RESPIRE CARE	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
0925T	10:OTHER SYS	RESPIRE CARE FOR NON-PAID CARE GIVER, 1 UNIT=15 MINUTES, MAX 6.75 HRS PER DAY	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
0240B	10:OTHER SYS	RESPIRE HOURLY-PER 15 MIN UNIT-6 HOURS MAX-24 UNIT	-	-	-	12	09.01.2 RESPIRE, IN-HOME	09 CAREGIVER SUPPORT
0250B	10:OTHER SYS	RESPIRE DAILY	-	-	-	12	09.01.2 RESPIRE, IN-HOME	09 CAREGIVER SUPPORT
0655P	10:OTHER SYS	IN-HOME RESPIRE, 1 UNIT=15 MINUTES	-	-	-	-	09.01.2 RESPIRE, IN-HOME	09 CAREGIVER SUPPORT
0260B	10:OTHER SYS	CHORE-SKILLED	-	-	-	-	08.06 CHORE	08 HOME-BASED SERVICES
0648P	10:OTHER SYS	CHORE SERVICES, 1 UNIT=15 MINUTES	-	-	-	-	08.06 CHORE	08 HOME-BASED SERVICES
S5121	06:HCPCS	CHORE SERVICES; PER DIEM	-	-	-	-	08.06 CHORE	08 HOME-BASED SERVICES
0652P	10:OTHER SYS	HOMEMAKER, 1 UNIT=15 MINUTES	-	-	-	-	08.05 HOMEMAKER	08 HOME-BASED SERVICES
0649P	10:OTHER SYS	COMPANION SERVICES, 1 UNIT=15 MINUTES, MAX 5 HOURS PER DAY	-	-	-	-	08.04 COMPANION	08 HOME-BASED SERVICES
0646P	10:OTHER SYS	ATTENDANT CARE, 1 UNIT = 15 MINUTES	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
0930T	10:OTHER SYS	INDEPENDENT RESHAB PROGRAM COORDINATOR, 1 UNIT=15 MINUTES-LIMIT 27 UNITS/MONTH	-	30:PCS	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
0541P	10:OTHER SYS	AGENCY PCS - 15 MIN UNITS	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
0541S	10:OTHER SYS	PCS BY CNA FOR SCHOOL - 1 UNIT = 15 MINUTES	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
0641P	10:OTHER SYS	AGENCY PCS-ONE CLIENT-DAILY CARE	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
0643P	10:OTHER SYS	INDEP PCS 8.25-24 HR 1 CLIENT HOME PROV NO WITHHLD	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES

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PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
0300B	10:OTHER SYS	HOME DELIVERED MEALS-14 PER WEEK MAX,1 UNIT=1 MEAL	-	-	-	-	06.01 HOME DELIVERED MEALS	06 HOME DELIVERED MEALS
0653P	10:OTHER SYS	HOME DELIVERED MEALS-PER MEAL	-	-	-	-	06.01 HOME DELIVERED MEALS	06 HOME DELIVERED MEALS
0532P	10:OTHER SYS	VENTILATOR CARE BY LICENSED NURSE RN OR LPN - PER 15 MINUTES	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
0670P	10:OTHER SYS	AGED & DISABLED NURSING SERVICE	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
0140B	10:OTHER SYS	NURSING SERVICES-INDEPENDENT-RN-PER VISIT	-	-	-	-	05.02 SKILLED NURSING	05 NURSING
0150B	10:OTHER SYS	NURSING SERVICES-AGENCY-RN-PER VISIT	-	-	-	-	05.02 SKILLED NURSING	05 NURSING
0200B	10:OTHER SYS	RN OVERSIGHT-PER-VISIT	-	-	-	-	05.02 SKILLED NURSING	05 NURSING
0170B	10:OTHER SYS	PRIVATE DUTY-RN-INDEPENDENT-PER 15 MIN UNIT	-	-	-	-	05.01 PRIVATE DUTY NURSING	05 NURSING
0180B	10:OTHER SYS	PRIVATE DUTY-LPN-AGENCY-PER 15 MIN UNIT	-	-	-	-	05.01 PRIVATE DUTY NURSING	05 NURSING
0190B	10:OTHER SYS	PRIVATE DUTY-RN-AGENCY-PER 15 MIN UNIT	-	-	-	-	05.01 PRIVATE DUTY NURSING	05 NURSING
0656P	10:OTHER SYS	NURSING SERVICES BY RN, 1 UNIT=15 MINUTES	-	-	-	-	05.01 PRIVATE DUTY NURSING	05 NURSING
0657P	10:OTHER SYS	NURSING SERVICES BY LPN	-	-	-	-	05.01 PRIVATE DUTY NURSING	05 NURSING
0528P	10:OTHER SYS	PRIVATE DUTY NURSE-AGENCY LPN	-	-	-	-	05.01 PRIVATE DUTY NURSING	05 NURSING
0527P	10:OTHER SYS	PRIVATE DUTY NURSE-AGENCY RN	-	-	-	-	05.01 PRIVATE DUTY NURSING	05 NURSING
0644B	10:OTHER SYS	ADULT DAY CARE, 1 UNIT=15 MINUTES, MAX 30 HOURS PER WEEK	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
0644P	10:OTHER SYS	ADULT DAY CARE, 1 UNIT=15 MINUTES, MAX 14 HOURS PER DAY	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
0990T	10:OTHER SYS	DAY REHABILITATION-INDIVIDUAL, 1 UNIT=15 MINUTES, MAX 30 HOURS PER WEEK	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
0320B	10:OTHER SYS	UNITS	-	-	-	-	UNSPECIFIED	03 SUPPORTED EMPLOYMENT
0601B	10:OTHER SYS	SPECIALIZED FAM HOME-INDEPENDENT-DAILY	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
0661P	10:OTHER SYS	ADULT RESIDENTIAL CARE, 1 UNIT=1 DAY	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
0661P	10:OTHER SYS	ADULT RESIDENTIAL CARE, 1 UNIT=1 DAY	-	-	-	12	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
0661P	10:OTHER SYS	ADULT RESIDENTIAL CARE, 1 UNIT=1 DAY	-	-	-	99	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
0661P	10:OTHER SYS	ADULT RESIDENTIAL CARE, 1 UNIT=1 DAY	-	-	-	33	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
0919B	01:CPT	AGENCY SPEC FAMILY HOME AFF FEE DAILY 1 OR 2 PROV, 1 OR 2 CLIENTS	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
0940T	10:OTHER SYS	CERTIFIED FAMILY HOME-AGENCY 1 PROV/1 OR 2 CONSUMERS OR 2 PROV/1 OR 2 CONSUMERS	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
0541P	10:OTHER SYS	AGENCY PCS - 15 MIN UNITS	-	-	-	33	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
0641P	10:OTHER SYS	AGENCY PCS-ONE CLIENT-DAILY CARE	-	-	-	33	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
0643P	10:OTHER SYS	INDEP PCS 8.25-24 HR 1 CLIENT HOME PROV NO WITHHLD	-	-	-	33	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
0505B	10:OTHER SYS	SUPPORTED LIVING-1 CONSUMER-OWN HOME OR W/ NON-PD CAREGIVER; 1 UNIT= 15 MINUTES	-	-	-	-	02.03.3 IN-HOME ROUND-THE-CLOCK SERVICES, OTHER	02 ROUND-THE-CLOCK SERVICES
0506B	10:OTHER SYS	SUPPORTED LIVING-2 CONSUMERS-OWN HOME OR W/NON-PD CAREGIVER;1 UNIT=15 MINUTES	-	-	-	-	02.03.3 IN-HOME ROUND-THE-CLOCK SERVICES, OTHER	02 ROUND-THE-CLOCK SERVICES

ILLINOIS: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
4W7721	10:OTHER SYS	DD RESPITE CARE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
4W7722	10:OTHER SYS	DD RESPITE CARE (OBRA)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
4W7723	10:OTHER SYS	DD RESPITE CARE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
4W7724	10:OTHER SYS	DD RESPITE CARE (OBRA)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
NW7377	10:OTHER SYS	DSCC, RESPITE NURSING, RN	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
NW7378	10:OTHER SYS	DSCC, RESPITE NURSING, LPN	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
NW7379	10:OTHER SYS	DSCC, RESPITE NURSING, CNA	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
W7011	10:OTHER SYS	CHILDREN'S RESPITE MODEL - NURSING - DSCC	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
W7377	10:OTHER SYS	DSCC RESPITE RN	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
W7378	10:OTHER SYS	DSCC RESPITE LPN	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
W7379	10:OTHER SYS	DSCC RESPITE CAN	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
W7721	10:OTHER SYS	DD RESPITE CARE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
W7722	10:OTHER SYS	DD RESPITE CARE (OBRA)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
W7723	10:OTHER SYS	DD RESPITE CARE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
W7724	10:OTHER SYS	DD RESPITE CARE (OBRA)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
W7354	10:OTHER SYS	RESPITE, MEDICALLY SUPERVISED DAY CARE-DSCC	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W7758	10:OTHER SYS	HBS RESPITE - OUT OF HOME (RESIDENTIAL, EG. CILA).	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W7565	10:OTHER SYS	18 MONTH - 2 YEARS SCREENING/HEALTHY KIDS	-	-	-	-	11.02 HEALTH ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
W7566	10:OTHER SYS	2 YEARS- 4 YEARS SCREENING/HEALTHY KIDS	-	-	-	-	11.02 HEALTH ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES

INDIANA: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
88UB0430	88:UNKNOWN	OCCUPATIONAL THERAPY-GENERAL CLASSIFICATION	-	-	-	-	11.08 OCCUPATIONAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
88UB0431	88:UNKNOWN	OCCUPATIONAL THERAPY-VISIT CHARGE	-	-	-	-	11.08 OCCUPATIONAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
88UB0434	88:UNKNOWN	OCCUPATIONAL THERAPY-EVALUATION OR RE-EVALUATION	-	-	-	-	11.08 OCCUPATIONAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
88UB0420	88:UNKNOWN	PHYSICAL THERAPY-GENERAL CLASSIFICATION	-	-	-	-	11.09 PHYSICAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
88UB0421	88:UNKNOWN	PHYSICAL THERAPY-VISIT CHARGE	-	-	-	-	11.09 PHYSICAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
88UB0440	88:UNKNOWN	SPEECH LANGUAGE PATHOLOGY-GENERAL CLASSIFICATION	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
88UB0471	88:UNKNOWN	AUDIOLOGY-DIAGNOSTIC	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
88UB0250	88:UNKNOWN	PHARMACY-GENERAL CLASSIFICATION	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
88UB0255	88:UNKNOWN	PHARMACY-DRUGS INCIDENT TO RADIOLOGY	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
88UB0258	88:UNKNOWN	PHARMACY-IV SOLUTIONS	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
88UB0271	88:UNKNOWN	MEDICAL/SURGICAL SUPPLIES-NONSTERILE SUPPLY	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
88UB0272	88:UNKNOWN	MEDICAL/SURGICAL SUPPLIES-STERILE SUPPLY	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Z5133	06:HCPCS	RESPIRE IN ADS LEVEL 1 - BASIC 1 UNIT = 1/2 DAY 1/2 DAY = AT LEAST 3 BUT LESS THAN 5 HRS MAXIMUM OF 8 HR/DAY MAXIMUM OF 2 UNITS/DAY CODE MAY BE COMBINED WITH Z5134 FOR A MAX OF 12 HRS/DAY	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
Z5134	06:HCPCS	RESPIRE IN ADS LEVE 1 - BASIC 1 UNIT = 1/4 HOUR MAXIMUM OF 16 UNITS/DAY MAXIMUM 4 HRS/DAY CODE MAY BE COMBINED WITH Z5133 FOR A MAX OF 12 HRS/DAY	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
Z5135	06:HCPCS	RESPIRE IN ADS LEVEL 2 - ENHANCED 1 UNIT = 1/2 DAY 1/2 DAY = AT LEAST 3 BUT LESS THAN 5 HRS MAXIMUM OF 8 HOURS/DAY MAXIMUM OF 2 UNITS/DAY CODE MAY BE COMBINED WITH Z5136 FOR A MAX OF 12 HRS/DAY	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
Z5136	06:HCPCS	RESPIRE IN ADS LEVEL 2- ENHANCED 1 UNIT = 1/4 HOUR MAXIMUM OF 16 UNITS/DAY MAXIMUM 4 HRS/DAY CODE MAY BE COMBINED WITH Z5135 FOR A MAX OF 12 HRS/DAY	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
Z5137	06:HCPCS	RESPIRE IN ADS LEVEL 3 - INTENSIVE 1 UNIT = 1/2 DAY 1/2 DAY = AT LEAST 3 BUT LESS THAN 5 HOURS MAXIMUM OF 8 HRS/DAY MAXIMUM OS 2 UNITS/ DAY CODE MAY BE COMBINED WITH Z5138 FOR A MAX OF 12 HRS/DAY	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
Z5138	06:HCPCS	RESPIRE IN ADS LEVEL 3 - INTENSIVE 1 UNIT = 1/4 HOUR MAXIMUM OF 16 UNITS/DAY MAXIMUM 4 HRS/DAY CODE MAY BE COMBINED WITH Z5137 FOR A MAX OF 12 HRS/DAY	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
Z5608	06:HCPCS	RESPIRE/LPN (HHA) (1 HOUR = 1 UNIT)	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
Z5609	06:HCPCS	RESPIRE NURSING (1 HOUR = 1 UNIT)	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
Z5706	06:HCPCS	AUTISTIC WAIVER-RESPIRE/LICENSED PRACTICAL NURSE (HHA/HSA) (1 HOUR)	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
Z5707	06:HCPCS	AUTISTIC WAIVER-RESPIRE/REGISTERED NURSE (HHA/HSA) (1 HOUR)	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
Z5951	06:HCPCS	RESPIRE/GROUP SETTING (1 HOUR = 1 UNIT)	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
X3022	06:HCPCS	RESPIRE-HOSPITAL CARE	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
88UB0510	88:UNKNOWN	CLINIC-GENERAL CLASSIFICATION	-	-	-	-	10.08 CLINIC SERVICES	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES

IOWA: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
W1033	06:HCPCS	TRANSPORTATION, PER MILE - WAIVER	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
W1035	06:HCPCS	TRANSPORTATION, 1 WAY OR 2 WAY-WAIVER	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
W1414	06:HCPCS	TRANSPORTATION, PER MILE - WAIVER	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
W4414	06:HCPCS	TRANSPORTATION, WAIVER, PER TRIP	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
W1048	06:HCPCS	ASSISTIVE SERVICE, PER ITEM-WAIVER	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W1418	06:HCPCS	BRAIN INJURY	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W1031	06:HCPCS	HOME/VEHICLE MODIFICATION - ELDERLY WAIVER	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W1302	06:HCPCS	HOME/VEHICLE MODIFICATION - MR WAIVER	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W1417	06:HCPCS	HOME & VEHICLE MODIFICATION, PER MONTH MAXIMUM, BR	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W3245	06:HCPCS	ENVIRONMENTAL MODIFICATIONS, ADAPTIVE DEVICES, & THERAPEUTIC RESOURCES	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W2512	06:HCPCS	RESPIRE, WAIVER, FACIL. CARE, CHILD CARE	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W1022	06:HCPCS	EMERGENCY RESPONSE, INITIAL FEE - WAIVER	-	-	-	-	14.01 PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W1023	06:HCPCS	EMERGENCY RESPONSE, MONTHLY FEE - WAIVER	-	-	-	-	14.01 PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W1303	06:HCPCS	PERSONAL EMERGENCY RESPONSE INSTALLATION - MR WAIV	-	-	-	-	14.01 PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W1304	06:HCPCS	PERSONAL EMERGENCY RESPONSE, MONTHLY FEE - MR WAIV	-	-	-	-	14.01 PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W1407	06:HCPCS	EMERGENCY RESPONSE SYSTEM, MONTHLY FEE, BRAIN INJURY	-	-	-	-	14.01 PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W1408	06:HCPCS	EMERGENCY RESPONSE SYSTEM, INITIAL INSTALL - BRAIN INJURY	-	-	-	-	14.01 PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W1015	06:HCPCS	CONSUMER CHOICES OPTION (CCO – IOWA'S SELF DETERMINATION OPTION). W1015 PAYS FOR THE WORKERS COMPENSATION INSURANCE PREMIUMS FOR THE CCO EMPLOYEES.	-	-	-	-	12.02 INFORMATION AND ASSISTANCE IN SUPPORT OF PAR	12 SERVICES SUPPORTING PARTICIPANT DIRECTION
W1010	06:HCPCS	FINANCIAL MANAGEMENT	-	-	-	-	12.01 FINANCIAL MANAGEMENT SERVICES IN SUPPORT OF PARTICIPANT DIRECTION	12 SERVICES SUPPORTING PARTICIPANT DIRECTION
W1049	06:HCPCS	NUTRITIONAL COUNSELING, 15 MIN - WAIVER	-	-	-	-	11.04 NUTRITION CONSULTATION	11 OTHER HEALTH AND THERAPEUTIC SERVICES
W1261	06:HCPCS	AEA-INDIVIDUAL AUDIOLOGICAL ASSESSMENT	-	-	-	-	11.02 HEALTH ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
W1518	06:HCPCS	INTERIM MEDICAL MONITORING	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
W1060	06:HCPCS	MENTAL HEALTH OUTREACH, PER 15 MINUTES	-	-	-	-	10.06 COUNSELING	SERVICES
W1250	06:HCPCS	INDIVIDUAL COUNSELING, PER 15 MINUTES	-	-	-	-	10.06 COUNSELING	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
W3247	06:HCPCS	IN-HOME FAMILY THERAPY	-	-	-	-	10.06 COUNSELING	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
W3246	06:HCPCS	FAMILY & COMMUNITY SUPPORT SERVICES	-	-	-	-	09.02 CAREGIVER COUNSELING AND/OR TRAINING	09 CAREGIVER SUPPORT
W1420	06:HCPCS	FAMILY COUNSELING & TRAINING, PER HOUR, BRAIN INJURY	-	-	-	-	09.02 CAREGIVER COUNSELING AND/OR TRAINING	09 CAREGIVER SUPPORT
W1027	06:HCPCS	RESPIRE CARE, NOT HOSP/SNF, 4-8 HR MR	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
W1046	06:HCPCS	RESPIRE CARE, PER HOUR - WAIVER	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
W1050	06:HCPCS	RESPIRE CARE, ONE HOUR - WAIVER	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
W1301	06:HCPCS	RESPIRE CARE, PER HOUR - MR & ELDERLY	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
W1405	06:HCPCS	FOSTER FAMILY RESPIRE CARE - BRAIN INJURY WAIVER	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
W3050	06:HCPCS	RESPIRE FOSTER CARE	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
W1042	06:HCPCS	INHOME RESPIRE CARE, 4-8 HR - WAIVER	-	-	-	-	09.01.2 RESPIRE, IN-HOME	09 CAREGIVER SUPPORT
W2503	06:HCPCS	RESPIRE, WAIVER, SPECIALIZED, HOME CARE	-	-	-	-	09.01.2 RESPIRE, IN-HOME	09 CAREGIVER SUPPORT
W2504	06:HCPCS	RESPIRE, WAIVER, BASIC INDIVIDUAL, HOME	-	-	-	-	09.01.2 RESPIRE, IN-HOME	09 CAREGIVER SUPPORT
W3964	06:HCPCS	SUPPORT SERVICES IN HOME RESPIRE	-	-	-	-	09.01.2 RESPIRE, IN-HOME	09 CAREGIVER SUPPORT
W1007	06:HCPCS	RESPIRE CARE - 24 HOURS AT FACILITY - WAIVER	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W1009	06:HCPCS	OUT OF HOME RESPIRE CARE, CAMP, PER DAY	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W1020	06:HCPCS	RESPIRE, OUT OF HOME, ELDERLY WAIVER	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W1028	06:HCPCS	RESPIRE CARE IN NURSING FACILITY, HOSPITAL OR SNF	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W1043	06:HCPCS	OUT-OF-HOME RESPIRE CARE, PER DAY - AIDS/HIV WAIVER	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W1044	06:HCPCS	OUT-OF-HOME RESPIRE, PER DAY - AIDS/HIV WAIVER	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT

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PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
W1200	06:HCPCS	OUT OF HOME RESPITE CARE IN NURSING FACILITY OR IC	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W1201	06:HCPCS	RESPITE SERVICE, OUT OF HOME FOSTER GROUP CARE	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W1202	06:HCPCS	RESPITE OUT OF HOME FOSTER FAMILY CARE, PER DAY	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W1253	06:HCPCS	OUT-OF-HOME RESPITE IN FREE-STANDING SNF, PER DAY	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W1254	06:HCPCS	OUT-OF-HOME RESPITE CARE, HOSPITAL BASED SNF	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W1256	06:HCPCS	OUT-OF-HOME RESPITE CARE	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W1257	06:HCPCS	OUT-OF-HOME RESPITE CARE, HOSPITAL AT NURSING CARE	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W1259	06:HCPCS	OUT-OF-HOME RESPITE CARE, FREE-STANDING SNF	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W1260	06:HCPCS	OUT-OF-HOME RESPITE CARE IN HOSPITAL-BASED SNF	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W1262	06:HCPCS	OUT-OF-HOME RESPITE CARE IN HOSPITAL, SKILLED LEVEL	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W1263	06:HCPCS	OUT OF HOME RESPITE IN HOSPITAL	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W1312	06:HCPCS	RESPITE OUT OF HOME, HOSPITAL OR SNF CARE, MR WAIVER	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W1313	06:HCPCS	RESPITE OUT OF HOME NURSING FACILITY OR ICF-MR CARE	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W1314	06:HCPCS	RESPITE OF OUT HOME FOSTER GROUP CARE OR RCF-MR	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W1403	06:HCPCS	INSTITUTIONAL RESPITE CARE, PER DAY, BRAIN INJURY	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W1404	06:HCPCS	FOSTER GROUP CARE, RESPITE OUT OF HOME, BRAIN INJURY	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W1406	06:HCPCS	CAMP RESPITE CARE, PER DAY - WAIVER	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W2505	06:HCPCS	RESPITE, WAIVER, GROUP, HOME CARE AGENCY	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W2506	06:HCPCS	RESPITE, WAIVER, FACILITY-SKILLED	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W2507	06:HCPCS	RESPITE, WAIVER, FACILITY, NURSING	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W2508	06:HCPCS	RESPITE, WAIVER, FACIL. CARE, ICF/MR	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W2509	06:HCPCS	RESPITE, WAIVER, FACIL. CARE, FOSTER	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W2510	06:HCPCS	RESPITE, WAIVER, FACIL. CARE, CAMP	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W2511	06:HCPCS	RESPITE, WAIVER, FACIL. CARE, ADULT DAY	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W2516	06:HCPCS	RESPITE, WAIVER, FACILITY CARE IN RCF/MR	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W2521	06:HCPCS	RESPITE RESIDENT CAMP-WEEKLONG OVERNIGHT RECREATIONAL RESPITE	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W2522	06:HCPCS	GROUP SUMMER DAY CAMP- GROUP RECREATIONAL RESPITE CAMP	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W2523	06:HCPCS	GROUP SPECIALIZED SUMMER DAY CAMP-GROUP RECREATIONAL RESPITE FOR INDIVIDUALS REQUIRING ADDITIONAL SUPPORTS	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W2524	06:HCPCS	RESPITE- TEEN DAY CAMP (RECREATIONAL FOR AGES 13-21)	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W2525	06:HCPCS	WEEKEND ON-SITE RESPITE-CAMP BASED RECREATIONAL OVERNIGHT RESPITE WITH TRADITIONAL CAMP ACTIVITIES	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W3005	06:HCPCS	RESPITE EMERGENCY SHELTER	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W3963	06:HCPCS	SUPPORT SERVICES OUT OF HOME RESPITE	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W1029	06:HCPCS	CHORE, ONE-HALF HOUR - ELDERLY WAIVER	-	-	-	-	08.06 CHORE	08 HOME-BASED SERVICES
W1003	06:HCPCS	HOMEMAKER SERVICE, ONE HOUR - WAIVER	-	-	-	-	08.05 HOMEMAKER	08 HOME-BASED SERVICES
W1025	06:HCPCS	HOMEMAKER SERVICE, PER HOUR - WAIVER	-	-	-	-	08.05 HOMEMAKER	08 HOME-BASED SERVICES
W1040	06:HCPCS	HOMEMAKER PER HOUR - WAIVER	-	-	-	-	08.05 HOMEMAKER	08 HOME-BASED SERVICES
W1047	06:HCPCS	SENIOR COMPANIONS, PER HOUR - WAIVER	-	-	-	-	08.04 COMPANION	08 HOME-BASED SERVICES
W1265	06:HCPCS	CONSUMER DIRECTED ATTENDANT CARE-WAIVER	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
W1266	06:HCPCS	CONSUMER DIRECTED ATTENDANT CARE-WAIVER	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
W1267	06:HCPCS	CONSUMER DIRECTED ATTENDANT CARE-WAIVER	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
W1268	06:HCPCS	CONSUMER DIRECTED ATTENDANT CARE-WAIVER	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
W2500	06:HCPCS	RESPITE, WAIVER, HHA SPECIALIZED	-	-	-	-	08.02 HOME HEALTH AIDE	08 HOME-BASED SERVICES
W2501	06:HCPCS	RESPITE, WAIVER, HHA, BASIC INDIVIDUAL	-	-	-	-	08.02 HOME HEALTH AIDE	08 HOME-BASED SERVICES
W2502	06:HCPCS	RESPITE, WAIVER, HHA GROUP RESPITE	-	-	-	-	08.02 HOME HEALTH AIDE	08 HOME-BASED SERVICES

IOWA: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
W2513	06:HCPCS	IMMT, WAIVER, HH AGENCY, AIDE	-	-	-	-	08.02 HOME HEALTH AIDE	08 HOME-BASED SERVICES
W2518	06:HCPCS	IMMT, HHA, AIDE	-	-	-	-	08.02 HOME HEALTH AIDE	08 HOME-BASED SERVICES
W1207	06:HCPCS	HOME-BASED HABILITATION (HOURLY)	-	-	-	-	08.01 HOME-BASED HABILITATION	08 HOME-BASED SERVICES
W1208	06:HCPCS	HOME-BASED HABILITATION (DAILY)	-	-	-	-	08.01 HOME-BASED HABILITATION	08 HOME-BASED SERVICES
W1030	06:HCPCS	HOME MEAL DELIVERED, PER MEAL - WAIVER	-	-	-	-	06.01 HOME DELIVERED MEALS	06 HOME DELIVERED MEALS
W1258	06:HCPCS	HOME-DELIVERED MEALS - WAIVER	-	-	-	-	06.01 HOME DELIVERED MEALS	06 HOME DELIVERED MEALS
W2514	06:HCPCS	IMMT, WAIVER, HHA. BY NURSE	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
W2519	06:HCPCS	IMMT, HOME HEALTH AGENCY, BY NURSE	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
W2515	06:HCPCS	IMMT, WAIVER, GROUP CHILD CARE	-	-	-	-	04.08 MEDICAL DAY CARE FOR CHILDREN	04 DAY SERVICES
W2520	06:HCPCS	IMMT, WAIVER, CHILD CARE HOME	-	-	-	-	04.08 MEDICAL DAY CARE FOR CHILDREN	04 DAY SERVICES
W1002	06:HCPCS	ADULT DAY CARE, ONE DAY	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
W1021	06:HCPCS	ADULT DAY CARE, HALF DAY	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
W1203	06:HCPCS	ADULT DAY CARE, EXTENDED DAY, 8-12 HOURS - ELDERLY	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
W4021	06:HCPCS	ADULT DAY CARE, MR WAIVER, PER HOUR	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
W4021	06:HCPCS	ADULT DAY CARE, MR WAIVER, PER HOUR	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
W1204	06:HCPCS	DAY HABILITATION, MR WAIVER, PER DAY	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
W1205	06:HCPCS	DAY HABILITATION, MR WAIVER, HALF DAY	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
W1206	06:HCPCS	DAY HABILITATION, MR WAIVER, PER HOUR	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
W1425	06:HCPCS	PREVOCATIONAL COUNSELING - WAIVER	-	-	-	-	04.01 PREVOCATIONAL SERVICES	04 DAY SERVICES
W1426	06:HCPCS	PRE-VOCATIONAL SERVICE, 1/2 DAY, MR WAIVER	-	-	-	-	04.01 PREVOCATIONAL SERVICES	04 DAY SERVICES
W4425	06:HCPCS	PREVOCATIONAL SERVICE, MR WAIVER,PER HR	-	-	-	-	04.01 PREVOCATIONAL SERVICES	04 DAY SERVICES
W1410	06:HCPCS	SUPPORTED EMPLOYMENT, INSTRUCT, PER DAY	-	-	-	-	03.02.9 ONGOING SUPPORTED EMPLOYMENT, UNSPECIFIED	03 SUPPORTED EMPLOYMENT
W1430	06:HCPCS	SUPPORTED EMPLOYMENT, OBTAIN A JOB, MR/BI WAIVER	-	-	-	-	03.02.9 ONGOING SUPPORTED EMPLOYMENT, UNSPECIFIED	03 SUPPORTED EMPLOYMENT
W1431	06:HCPCS	SUPPORT TO MAINTAIN EMPLOYMENT, MR/BI	-	-	-	-	UNSPECIFIED	03 SUPPORTED EMPLOYMENT
W5020	06:HCPCS	SUPPORTED EMPLOYMENT - EMPLOYER DEVELOPMENT	-	-	-	-	03.02.9 ONGOING SUPPORTED EMPLOYMENT, UNSPECIFIED	03 SUPPORTED EMPLOYMENT
W5021	06:HCPCS	SUPPORTED EMPLOYMENT - ENHANCED JOB SEARCH	-	-	-	-	03.02.9 ONGOING SUPPORTED EMPLOYMENT, UNSPECIFIED	03 SUPPORTED EMPLOYMENT
W1433	06:HCPCS	ENCLAVE, SUPPORT, MR/BI WAIVER	-	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
W5019	06:HCPCS	SUPPORTED EMPLOYMENT - JOB DEVELOPMENT	-	-	-	-	03.01.0 JOB DEVELOPMENT	03 SUPPORTED EMPLOYMENT
W1300	06:HCPCS	SUPPORTED COMMUNITY LIVING, PER DAY, MENTAL RETARDATION	-	-	-	-	02.03.3 IN-HOME ROUND-THE-CLOCK SERVICES, OTHER	02 ROUND-THE-CLOCK SERVICES
W1311	06:HCPCS	WAIVER	-	-	-	-	02.03.3 IN-HOME ROUND-THE-CLOCK SERVICES, OTHER	02 ROUND-THE-CLOCK SERVICES
W1320	06:HCPCS	RESIDENTIAL BASED SUPPORT COM. LIVING	-	-	-	-	02.03.3 IN-HOME ROUND-THE-CLOCK SERVICES, OTHER	02 ROUND-THE-CLOCK SERVICES
W1421	06:HCPCS	SUPPORTED COMMUNITY LIVING, ONE HOUR - WAIVER	-	-	-	-	02.03.3 IN-HOME ROUND-THE-CLOCK SERVICES, OTHER	02 ROUND-THE-CLOCK SERVICES
W1401	06:HCPCS	SUPPORTED COMMUNITY LIVING, PER DAY, BRAIN INJURY	-	-	-	-	02.03.1 IN-HOME RESIDENTIAL HABILITATION	02 ROUND-THE-CLOCK SERVICES
W2517	06:HCPCS	CDAC, WAIVER, ASSISTED LIVING	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
W0815	06:HCPCS	CASE MANAGEMENT	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
W0816	06:HCPCS	CASE MANAGEMENT	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
W1409	06:HCPCS	CASE MANAGEMENT, PER MONTH - WAIVER	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT

KANSAS: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
T2025	06:HCPCS	SLEEP CYCLE SUPPORT	-	-	-	-	08.04 COMPANION	08 HOME-BASED SERVICES

LOUISIANA: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
9E001	10:OTHER SYS	CHILDREN'S CHOICE CASE MANAGEMENT	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
9E004	01:CPT	CENTER-BASED RESPITE	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
88UB0420	88:UNKNOWN	PHYSICAL THERAPY-GENERAL CLASSIFICATION	-	-	-	-	11.09 PHYSICAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
88UB0424	88:UNKNOWN	PHYSICAL THERAPY-EVALUATION OR RE-EVALUATION	-	-	-	-	11.09 PHYSICAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
88UB0430	88:UNKNOWN	OCCUPATIONAL THERAPY-GENERAL CLASSIFICATION	-	-	-	-	11.08 OCCUPATIONAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
88UB0440	88:UNKNOWN	SPEECH LANGUAGE PATHOLOGY-GENERAL CLASSIFICATION	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
88UB0471	88:UNKNOWN	AUDIOLOGY-DIAGNOSTIC	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
HR651	10:OTHER SYS	HOSPICE: ROUTINE HOME CARE	-	-	-	-	17.99.9 OTHER	17 OTHER
HR655	06:HCPCS	HOSPICE: INPATIENT RESPITE	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
HR932	06:HCPCS	ADULT DAY HEALTH CARE SERVICE	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
HR932	06:HCPCS	ADULT DAY HEALTH CARE SERVICE	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
T0012	06:HCPCS	SUPPORT COORDINATION; ADHC CASE MANAGEMENT	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
Z0003	06:HCPCS	IN-HOME RESPITE	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
Z0004	06:HCPCS	CENTER-BASED RESPITE	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
Z0013	06:HCPCS	IN HOME RESPITE HIGH NEED	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
Z0014	06:HCPCS	CENTER-BASED RESPITE HIGH	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
Z0058	06:HCPCS	PERSONAL EMERGENCY RESPONSE SYSTEM (PERS) - INSTALLATION	-	-	-	-	14.01 PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Z0059	06:HCPCS	PERSONAL EMERGENCY RESPONSE SYSTEM (PERS) - MONTHLY MAINTENANCE FEE	-	-	-	-	14.01 PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Z0060	06:HCPCS	ENVIRONMENTAL MODIFICATIONS - RAMP	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Z0061	06:HCPCS	ENVIRONMENTAL MODIFICATIONS - LIFT	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Z0062	06:HCPCS	ENVIRONMENTAL MODIFICATIONS - BATHROOM	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Z0063	06:HCPCS	ENVIRONMENTAL MODIFICATIONS - ADAPTATIONS	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Z0195	06:HCPCS	EDA CASE MANAGEMENT	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
Z0310	06:HCPCS	MONTHLY IN-HOME RESPITE	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
Z0616	06:HCPCS	ENVIRONMENTAL ACCESS - RAMP	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Z0617	06:HCPCS	ENVIRONMENTAL ACCESS - LIFT	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Z0618	06:HCPCS	ENVIRONMENTAL ACCESS - BATHROOM	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Z0620	06:HCPCS	ENVIRONMENTAL ACCESS - OTHER	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Z0621	06:HCPCS	MEDICAL EQUIP. & SUPPLIES - LIFTS	-	-	-	-	14.03.9 EQUIPMENT, TECHNOLOGY, AND SUPPLIES, UNSPECIFIED	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Z0622	06:HCPCS	MEDICAL EQUIP. & SUPPLIES - SWITCHES	-	-	-	-	14.03.9 EQUIPMENT, TECHNOLOGY, AND SUPPLIES, UNSPECIFIED	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Z0623	06:HCPCS	MEDICAL EQUIP. & SUPPLIES - CONTROLS	-	-	-	-	14.03.9 EQUIPMENT, TECHNOLOGY, AND SUPPLIES, UNSPECIFIED	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Z0624	06:HCPCS	MEDICAL EQUIP. & SUPPLIES - OTHER	-	-	-	-	14.03.9 EQUIPMENT, TECHNOLOGY, AND SUPPLIES, UNSPECIFIED	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Z0625	06:HCPCS	CTR-BASED RESPITE	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT

MARYLAND: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
G0205	06:HCPCS	SELF-EMPL RESPITE OLD ADULT WAIVER	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
G0206	06:HCPCS	AGENCY RESPITE OLDER ADULTS WAIVER	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
G0220	06:HCPCS	RESPITE NURSING FACILITY OLD ADULT WAIVER	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
G0221	06:HCPCS	RESPITE ASSISTED LIVING OLD ADULT WAIVER	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
H2105	06:HCPCS	RESPITE CARE SERVICE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
H2114	06:HCPCS	IBMP-BEHAVIORAL RESPITE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
Q5003	06:HCPCS	HOSPICE CARE PROVIDED IN NURSING LONG TERM CARE FACILITY (LTC) OR NON-SKILLED NURSING FACILITY (NF)	-	-	-	-	17.99.9 OTHER	17 OTHER
Q5003	06:HCPCS	HOSPICE CARE PROVIDED IN NURSING LONG TERM CARE FACILITY (LTC) OR NON-SKILLED NURSING FACILITY (NF)	-	-	-	-	17.99.9 OTHER	17 OTHER
W0037	06:HCPCS	TBI RESIDENTIAL HAB-WAIVER-LEVEL 1	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
W0038	06:HCPCS	TBI RESIDENTIAL HAB-WAIVER-LEVEL 2	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
W0039	06:HCPCS	TBI RESIDENTIAL HAB-WAIVER-LEVEL 3	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
W0054	06:HCPCS	TBI DAY HABILITATION WAIVER LEVEL 1	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
W0055	06:HCPCS	TBI DAY HABILITATION WAIVER LEVEL 2	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
W0056	06:HCPCS	TBI DAY HABILITATION WAIVER LEVEL 3	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
W0058	06:HCPCS	SUPPORTED EMP. LEVEL 2	-	-	-	-	03.02.9 ONGOING SUPPORTED EMPLOYMENT, UNSPECIFIED	03 SUPPORTED EMPLOYMENT
W0059	06:HCPCS	SUPPORTED EMP. LEVEL 3	-	-	-	-	03.02.9 ONGOING SUPPORTED EMPLOYMENT, UNSPECIFIED	03 SUPPORTED EMPLOYMENT
W0200	06:HCPCS	PERSONAL CARE	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
W0201	06:HCPCS	PERSONAL CARE	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
W0202	06:HCPCS	PERSONAL CARE	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
W0203	06:HCPCS	PERSONAL CARE	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
W0204	06:HCPCS	PERSONAL CARE	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
W0205	06:HCPCS	SELF-EMPLOYED RESPITE CARE AIDE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
W0206	06:HCPCS	AGENCY - EMPLOYED RESPITE CARE AIDE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
W0207	06:HCPCS	ENVIRON ACCESS ADAPTATION OLD ADULT WAIVER	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W0208	06:HCPCS	FAMILY OR CONSUMER TRAINING	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
W0209	06:HCPCS	PERS PURCHASE/INSTALL OLDER ADULT WAIVER	-	-	-	-	14.01 PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W0210	06:HCPCS	PERS MONITOR/MAINTENANCE OLD ADULT WAIVER	-	-	-	-	14.01 PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W0211	06:HCPCS	HOME DELIVERED MEALS	-	-	-	-	06.01 HOME DELIVERED MEALS	06 HOME DELIVERED MEALS
W0212	06:HCPCS	DIETICIAN AND NUTRITION SERVICES	-	-	-	-	11.04 NUTRITION CONSULTATION	11 OTHER HEALTH AND THERAPEUTIC SERVICES
W0213	06:HCPCS	TRANSITION SERVICES	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
W0214	06:HCPCS	ASSISTIVE DEVICES AND EQUIPMENT	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W0216	06:HCPCS	ASSISTED LIVING SERVICES (LEVEL II)	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
W0217	06:HCPCS	ASSISTED LIVING SERVICES (LEVEL III)	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
W0220	06:HCPCS	RESPITE NURSING FACILITY OLD ADULT WAIVER	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W0221	06:HCPCS	RESPITE ASSISTED LIVING OLD ADULT WAIVER	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
W0226	06:HCPCS	ASSISTED LIVING II OLDER ADULTS WAIVER	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
W0227	06:HCPCS	ASSISTED LIVING III OLDER ADULTS WAIVER	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
W0228	06:HCPCS	ASSISTED LIVING II OLDER ADULTS WAIVER	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
W0229	06:HCPCS	ASSISTED LIVING III OLDER ADULTS WAIVER	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
W1614	06:HCPCS	MODEL WAIVER ENROLLMENT ADMINISTRATION	-	-	-	-	17.99.9 OTHER	17 OTHER
W1618	06:HCPCS	SECOND & ANY SUBSEQUENT MONTH MW ADMINISTRATION	-	-	-	-	17.99.9 OTHER	17 OTHER
W1716	06:HCPCS	CSLA-RESPITE CARE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
W1723	06:HCPCS	SENIOR CENTER PLUS OLDER ADULT WAIVER	-	-	-	-	17.99.9 OTHER	17 OTHER
W1724	06:HCPCS	BEHAVIOR CONSULTATION OLD ADULT WAIVER	-	-	-	-	10.04 BEHAVIOR SUPPORT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
W1725	06:HCPCS	ENVIRONMENTAL ASSESSMENT OLD ADULT WAIVER	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W2100	06:HCPCS	06:MISSING	-	-	-	-	99.99.9 UNKNOWN	99 UNKNOWN
W2101	06:HCPCS	RESIDENTIAL HABILITATION	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
W2102	06:HCPCS	DAY HABILITATION	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
W2103	06:HCPCS	SUPPORTED EMPLOYMENT	-	-	-	-	03.02.9 ONGOING SUPPORTED EMPLOYMENT, UNSPECIFIED	03 SUPPORTED EMPLOYMENT
W2104	06:HCPCS	ENVIRONMENTAL MODIFICATION	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS

MARYLAND: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
W2105	06:HCPCS	RESPIRE	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
W2106	06:HCPCS	06:MISSING	-	-	-	-	99.99.9 UNKNOWN	99 UNKNOWN
W2107	06:HCPCS	06:MISSING	-	-	-	-	99.99.9 UNKNOWN	99 UNKNOWN
W2110	06:HCPCS	ADAPTIVE EQUIPMENT	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W2111	06:HCPCS	IBMP-BEHAVIORAL CONSULTATION	-	-	-	-	10.04 BEHAVIOR SUPPORT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
W2112	06:HCPCS	IBMP-BEHAVIORAL SUPPORT	-	-	-	-	10.04 BEHAVIOR SUPPORT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
W2113	06:HCPCS	06:MISSING	-	-	-	-	99.99.9 UNKNOWN	99 UNKNOWN
W2114	06:HCPCS	IBMP-BEHAVIORAL RESPIRE	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
W2117	06:HCPCS	06:MISSING	-	-	-	-	99.99.9 UNKNOWN	99 UNKNOWN
W2120	06:HCPCS	06:MISSING	-	-	-	-	99.99.9 UNKNOWN	99 UNKNOWN
W2121	06:HCPCS	RES HAB II BED HOLD PER DAY DD WAIVER	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
W2123	06:HCPCS	06:MISSING	-	-	-	-	99.99.9 UNKNOWN	99 UNKNOWN
W2124	06:HCPCS	06:MISSING	-	-	-	-	99.99.9 UNKNOWN	99 UNKNOWN
W5000	06:HCPCS	RESPIRE CARE IN HOME	-	-	-	-	09.01.2 RESPIRE, IN-HOME	09 CAREGIVER SUPPORT
W5001	06:HCPCS	RESPIRE CARE RESIDENTIAL	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W5003	06:HCPCS	FAMILY AND YOUTH TRAINING GROUP	-	-	-	-	09.02 CAREGIVER COUNSELING AND/OR TRAINING	09 CAREGIVER SUPPORT
W5004	06:HCPCS	CRISIS & STABILIZATION SERVICE	-	-	-	-	10.03 CRISIS INTERVENTION	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
W5008	06:HCPCS	YOUTH PEER TO PEER SUPPORT	-	-	-	-	10.05 PEER SPECIALIST	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
W5009	06:HCPCS	CAREGIVER PEER TO PEER SUPPORT	-	-	-	-	10.05 PEER SPECIALIST	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
W5010	06:HCPCS	EQUINE ASSISTED THERAPY INDIVIDUAL	-	-	-	-	11.13 OTHER THERAPIES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
W5012	06:HCPCS	DANCE THERAPY INDIVIDUAL	-	-	-	-	11.13 OTHER THERAPIES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
W5014	06:HCPCS	ART THERAPY INDIVIDUAL	-	-	-	-	11.13 OTHER THERAPIES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
W5016	06:HCPCS	MUSIC THERAPY INDIVIDUAL	-	-	-	-	11.13 OTHER THERAPIES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
W5017	06:HCPCS	MUSIC THERAPY GROUP	-	-	-	-	11.13 OTHER THERAPIES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
W9306	06:HCPCS	INTEN IND SUPP DAYHAB	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
W9311	06:HCPCS	SUPPORTED EMPLOYMENT AUTISM WAIVER	-	-	-	-	03.02.9 ONGOING SUPPORTED EMPLOYMENT, UNSPECIFIED	03 SUPPORTED EMPLOYMENT
W9314	06:HCPCS	RESPIRE CARE AUTISM WAIVER	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
W9315	06:HCPCS	FAMILY TRAINING AUTISM WAIVER	-	-	-	-	09.02 CAREGIVER COUNSELING AND/OR TRAINING	09 CAREGIVER SUPPORT
W9320	06:HCPCS	ENVIRON ACCESS ADAPTATIONS	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Z0062	06:HCPCS	PERSONAL CARE	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
Z0072	06:HCPCS	PERSONAL CARE - AM VISIT	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
Z0073	06:HCPCS	PERSONAL CARE - PM VISIT	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
Z0082	06:HCPCS	PERSONAL CARE	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
Z0092	06:HCPCS	PERSONAL CARE	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
Z0093	06:HCPCS	PERSONAL CARE	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
Z0100	06:HCPCS	PERSONAL CARE	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
Z0101	06:HCPCS	PERSONAL CARE	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
Z0102	06:HCPCS	PERSONAL CARE DAY OF TRAINING	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
Z9301	06:HCPCS	INTENSIVE RESID HABILITATION	-	-	-	AD: HOME	08.01 HOME-BASED HABILITATION	08 HOME-BASED SERVICES
Z9301	06:HCPCS	INTENSIVE RESID HABILITATION	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES

MINNESOTA: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
H2032	06:HCPCS	ACTIVITY THERAPY, PER 15 MINUTES	-	-	-	-	10.06 COUNSELING	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
S5109	06:HCPCS	HOME CARE TRAINING TO HOME CARE CLIENT, PER SESSION	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
S5116	06:HCPCS	HOME CARE TRAINING, NON-FAMILY; PER SESSION	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
S5126	06:HCPCS	ATTENDANT CARE SERVICES; PER DIEM	-	-	-	-	07.01 RENT AND FOOD EXPENSES FOR LIVE-IN CAREGIVER	07 RENT AND FOOD EXPENSES FOR LIVE-IN CAREGIVER
S5135	06:HCPCS	BEHAVIOR PROGRAMMING BY AIDE	U9	-	-	-	10.09 OTHER MENTAL HEALTH AND BEHAVIORAL SERVICES	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
S5150	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
S5150	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES	UB	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
S5151	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
T1002	06:HCPCS	RN SERVICES, UP TO 15 MINUTES	-	-	-	-	05.01 PRIVATE DUTY NURSING	05 NURSING
T1003	06:HCPCS	LPN/LVN	-	-	-	-	05.01 PRIVATE DUTY NURSING	05 NURSING
T1004	06:HCPCS	SERVICES OF A QUALIFIED NURSING AIDE, UP TO 15 MINUTES	-	-	-	-	08.02 HOME HEALTH AIDE	08 HOME-BASED SERVICES
T1030	06:HCPCS	SKILLED NURSE VISIT	-	-	-	-	05.02 SKILLED NURSING	05 NURSING
T2013	06:HCPCS	BEHAVIORAL PROGRAM SERVICES	-	-	-	-	10.09 OTHER MENTAL HEALTH AND BEHAVIORAL SERVICES	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
T2016	06:HCPCS	HABILITATION, RESIDENTIAL, WAIVER; PER DIEM	U9	-	-	-	02.02.1 SHARED LIVING, RESIDENTIAL HABILITATION	02 ROUND-THE-CLOCK SERVICES
T2017	06:HCPCS	HABILITATION, RESIDENTIAL, WAIVER; 15 MINUTES	U9	-	-	-	02.02.1 SHARED LIVING, RESIDENTIAL HABILITATION	02 ROUND-THE-CLOCK SERVICES
T2028	06:HCPCS	CONSUMER DIRECTED COMMUNITY SUPPORTS	-	-	-	-	12.02 INFORMATION AND ASSISTANCE IN SUPPORT OF PARTICIPANT DIRECTION	12 SERVICES SUPPORTING PARTICIPANT DIRECTION
T2029	06:HCPCS	SPECIALIZED MEDICAL EQUIPMENT, NOT OTHERWISE SPECIFIED, WAIVER	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
T2032	06:HCPCS	RESIDENTIAL CARE, NOT OTHERWISE SPECIFIED (NOS), WAIVER; PER MONTH	U9	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
T2032	06:HCPCS	RESIDENTIAL CARE, NOT OTHERWISE SPECIFIED (NOS), WAIVER; PER MONTH	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
T2033	06:HCPCS	RESIDENTIAL CARE, NOT OTHERWISE SPECIFIED (NOS), WAIVER; PER DIEM	-	-	-	-	02.03.3 IN-HOME ROUND-THE-CLOCK SERVICES, OTHER	02 ROUND-THE-CLOCK SERVICES
T2038	06:HCPCS	COMMUNITY TRANSITION, WAIVER; PER SERVICE	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
X5213	06:HCPCS	HOSPICE INPATIENT RESPITE CARE	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
X5403	06:HCPCS	MR RESPITE CARE, IN HOME, 30 MINUTES	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
X5404	06:HCPCS	MR RESPITE CARE, IN HOME, PER DAY	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
X5405	06:HCPCS	MR RESPITE CARE OUT OF HOME, 30 MIN	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
X5406	06:HCPCS	MR RESPITE CARE OUT OF HOME, PER DAY	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
X5444	06:HCPCS	CAC SNF RESPITE CARE EACH DAY	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
X5445	06:HCPCS	CAC RESPITE HOSPITAL EACH DAY	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
X5446	06:HCPCS	CAC-OTH OUT OF HOME RESPITE, EACH DAY	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
X5458	06:HCPCS	CADI RESPITE CARE WORKER 30 MINUTES	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
X5459	06:HCPCS	CADI OUT OF HOME RESPITE CARE DAILY RATE	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
X5480	06:HCPCS	RESPITE IN HOME 30 MINUTES	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
X5481	06:HCPCS	RESPITE IN-HOME ONE DAY	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
X5482	06:HCPCS	ACG RESPITE DAILY CERT FAC	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
X5483	06:HCPCS	ACG RESPITE OUT-OF-HOME, HOSPITAL	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
X5484	06:HCPCS	RESPITE CARE OUT-OF-HOME 30 MINUTES	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
X5485	06:HCPCS	RESPITE OUT-OF-HOME, ONE DAY	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
X5597	06:HCPCS	TBI-RESPITE CARE WORKER, 30 MINUTES	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
X5598	06:HCPCS	TBI-RESPITE CARE DAILY	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
X5609	06:HCPCS	PPHP HOME CARE SERVICES	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES

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PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
T2016	06:HCPCS	HABILITATION, RESIDENTIAL, WAIVER; PER DIEM	HI	-	-	-	02.03.1 IN-HOME RESIDENTIAL HABILITATION	02 ROUND-THE-CLOCK SERVICES
Y9021	06:HCPCS	CHILDRENS WAIVER RESPITE IN-HOME 6 HOUR UNIT	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
Y9022	06:HCPCS	CHILDRENS WAIVER RESPITE INSTITUTION 24 HOUR UNIT	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
Y9023	06:HCPCS	CHILDRENS WAIVER RESPITE 2 DAY RESERVE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
Y9111	06:HCPCS	IN-HOME RESPITE DAY - 1 DAY	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
Y9112	06:HCPCS	IN-HOME RESPITE - 1 HOUR	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
Y9130	06:HCPCS	RESPITE CARE - 24 HOURS	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
Y9130XR	06:HCPCS	RESPITE CARE - 24 HOURS--OBRA WAIVER RECIPIENTS	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
Y9430	06:HCPCS	RESPITE IN-HOME - CHANNELING PROGRAM	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
Y9431	06:HCPCS	RESPITE, 1 HOUR UNIT	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
Y9435	06:HCPCS	INSTITUTIONAL RESPITE - CHANNELING PROGRAM	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
Y9436	06:HCPCS	ELDERLY WAIVER - RESPITE, ADVANCED - HOURLY	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
Y9437	06:HCPCS	ELDERLY WAIVER - RESPITE, ADVANCED - BLOCK	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
Y9438	06:HCPCS	ELDERLY WAIVER - RESPITE, ADVANCED - DAILY	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
Y9439	06:HCPCS	ELDERLY WAIVER - RESPITE, NURSE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
Y9502	06:HCPCS	INPATIENT RESPITE CARE	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
Y9504	06:HCPCS	NURSING HOME ROOM AND BOARD	-	-	-	-	17.99.9 OTHER	17 OTHER

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PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
T2016	06:HCPCS	HABILITATION, RESIDENTIAL, WAIVER; PER DIEM	-	-	-	13	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
T2016	06:HCPCS	HABILITATION, RESIDENTIAL, WAIVER; PER DIEM	-	-	-	14	02.01.1 GROUP LIVING, RESIDENTIAL HABILITATION	02 ROUND-THE-CLOCK SERVICES
Z0511	06:HCPCS	HCBS - RESPITE CARE FACILITY PER DAY	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
Z0512	06:HCPCS	HCBS - RESPITE CARE PER HOUR	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
Z0650	06:HCPCS	RESPITE CARE -- ADULT PER HOUR	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
Z0651	06:HCPCS	RESPITE CARE -- YOUTH PER HOUR	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT

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PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
1	10:OTHER SYS	FAMILY HOME CARE	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
2	10:Other Sys	FUNCTIONAL ASSESMENT	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
3	10:Other Sys	SPECIAL PLACE BOARD	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
4	10:OTHER SYS	ISLA - HABILITATION	-	-	-	-	02.03.1 IN-HOME RESIDENTIAL HABILITATION	02 ROUND-THE-CLOCK SERVICES
00005	10:OTHER SYS	NURSE EDUCATION CARE	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
6	10:Other Sys	CONGREGATE CARE ROOM	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
7	10:OTHER SYS	CONGREGATE CARE BOARD	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
00010	10:OTHER SYS	HOMEMAKER SERVICE	-	-	-	-	08.05 HOMEMAKER	08 HOME-BASED SERVICES
00012	10:OTHER SYS	RESPIRE CARE	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
12	10:OTHER SYS	RESPIRE CARE	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
00013	10:OTHER SYS	RESPIRE CARE (ICF)	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
13	10:OTHER SYS	RESPIRE CARE (ICF)	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
00014	10:OTHER SYS	RESPIRE CARE (SNF)	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
14	10:OTHER SYS	RESPIRE CARE (SNF)	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
00015	10:OTHER SYS	CASE MANAGEMENT- OTHER	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
00016	10:OTHER SYS	ENVIRONMENTAL MODIFICATION	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
00017	10:OTHER SYS	CASE MANAGEMENT-ASSESSMENT	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
00018	10:OTHER SYS	NON-MED TRANSPORTATION	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
00020	10:OTHER SYS	SNOW REMOVAL	-	-	-	-	08.06 CHORE	08 HOME-BASED SERVICES
00021	10:OTHER SYS	CHORE-LABOR	-	-	-	-	08.06 CHORE	08 HOME-BASED SERVICES
00023	10:OTHER SYS	CHORE-MATERIALS	-	-	-	-	08.06 CHORE	08 HOME-BASED SERVICES
00026	10:OTHER SYS	ADULT FOSTER CARE	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
00028	10:OTHER SYS	NMT-BASE/START-UP / MIN.	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
00032	10:OTHER SYS	SPECIALIZED EQUIP	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
00039	10:OTHER SYS	NMT-ESCORT	-	-	-	-	08.04 COMPANION	08 HOME-BASED SERVICES
00040	10:OTHER SYS	PERSONAL/ATTENDANT CARE	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
00041	10:OTHER SYS	ADULT DAY CARE	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
00042	10:OTHER SYS	RES SERVICE	-	-	-	-	02.01.1 GROUP LIVING, RESIDENTIAL HABILITATION	02 ROUND-THE-CLOCK SERVICES
00045	10:OTHER SYS	CHORE- EMERGENCY RESPONSE SYSTEM	-	-	-	-	08.06 CHORE	08 HOME-BASED SERVICES
00050	10:OTHER SYS	HOMEMAKER SERVICE	-	-	-	-	08.05 HOMEMAKER	08 HOME-BASED SERVICES
00055	10:OTHER SYS	ADULT DAY CARE-DD	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
00057	10:OTHER SYS	ADULT FOSTER CARE	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
00059	10:OTHER SYS	CASE MGMT-ASSESSMENT, ANNUAL	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
00060	10:OTHER SYS	CASE MGMT- OTHER, MONTHLY	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
00061	10:OTHER SYS	CASE MANAGEMENT	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
00062	10:OTHER SYS	CASE MANAGEMENT	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
00065	10:OTHER SYS	RESPIRE CARE	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
65	10:OTHER SYS	RESPIRE CARE	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
00066	10:OTHER SYS	RESPIRE CARE	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
66	10:OTHER SYS	RESPIRE CARE	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
00068	10:OTHER SYS	SUPPORTED EMPLOYMENT	-	-	-	-	UNSPECIFIED	03 SUPPORTED EMPLOYMENT
00070	10:OTHER SYS	NONMED TRANSPORTATION	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
00073	10:OTHER SYS	CHORE SVS	-	-	-	-	08.06 CHORE	08 HOME-BASED SERVICES
00076	10:OTHER SYS	TRANSIT LIVING	-	-	-	-	16.01 COMMUNITY TRANSITION SERVICES	16 COMMUNITY TRANSITION SERVICES
00077	10:OTHER SYS	TBI RESIDENT	-	-	-	-	02.01.1 GROUP LIVING, RESIDENTIAL HABILITATION	02 ROUND-THE-CLOCK SERVICES
00096	10:OTHER SYS	RESPIRE CARE	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
96	10:OTHER SYS	RESPIRE CARE	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
00098	10:OTHER SYS	RESPIRE CARE	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
98	10:OTHER SYS	RESPIRE CARE	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
00655	10:OTHER SYS	HOSPICE/ IP RESPIRE	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
00656	10:OTHER SYS	HOSPICE/ IP NON-RESPIRE	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
A	10:Other Sys	ADULT DAY CARE	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
B	10:OTHER SYS	DEVELOPMENT WORK ACTIVITY	-	-	-	-	03.01.0 JOB DEVELOPMENT	03 SUPPORTED EMPLOYMENT
C	10:OTHER SYS	CONGREGATE CARE	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
G	10:OTHER SYS	FSS FCO 1 & 2	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
H	10:OTHER SYS	FSS FCO 3	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
J	10:OTHER SYS	FSS IN HOME SUPPORT	-	-	-	-	08.01 HOME-BASED HABILITATION	08 HOME-BASED SERVICES
K	10:OTHER SYS	INFANT DEVELOPMENT	-	-	-	-	09.02 CAREGIVER COUNSELING AND/OR TRAINING	09 CAREGIVER SUPPORT
L	10:OTHER SYS	DEVELOPMENT DAY ACTIVITY	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES

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PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
M	10:OTHER SYS	PREVOC. WORK ACTIVITY	-	-	-	-	04.01 PREVOCATIONAL SERVICES	04 DAY SERVICES
N	10:OTHER SYS	DAY SUPPORTS	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
Q	10:OTHER SYS	TRANSITION CARE LIVING	-	-	-	-	16.01 COMMUNITY TRANSITION SERVICES	16 COMMUNITY TRANSITION SERVICES
R	10:Other Sys	INFANT DEVELOPMENT - PART C	-	-	-	-	09.02 CAREGIVER COUNSELING AND/OR TRAINING	09 CAREGIVER SUPPORT
S	10:OTHER SYS	MINIMUM SUPERVISED LIVING	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
S5115	06:HCPCS	EXTENDED PERSONAL CARE	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
S5136	06:HCPCS	FAMILY PERSONAL CARE	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
T	10:OTHER SYS	SUPPORTED LIVING	-	-	-	-	02.03.3 IN-HOME ROUND-THE-CLOCK SERVICES, OTHER	02 ROUND-THE-CLOCK SERVICES
Y	10:OTHER SYS	MINIMUM SUPERVISED ROOM	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES

NEBRASKA: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
NF1113	10:OTHER SYS	RESPIRE CARE IN HOME	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
NF1113	99:UNKNOWN	RESPIRE CARE IN HOME	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
NF1650	10:OTHER SYS	ENVIRONMENTAL MODIFICATIONS	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
NF1650	10:OTHER SYS	ENVIRONMENTAL MODIFICATIONS	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
NF1691	10:OTHER SYS	CHORE	-	-	-	-	08.06 CHORE	08 HOME-BASED SERVICES
NF1691	99:UNKNOWN	CHORE	-	-	-	-	08.06 CHORE	08 HOME-BASED SERVICES
NF2026	10:OTHER SYS	HABILITATION ASSISTED RESIDENTIAL	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
NF2026	99:UNKNOWN	HABILITATION ASSISTED RESIDENTIAL	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
NF2061	10:OTHER SYS	MOTOR VEHICLE PRIVATE	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
NF2061	10:OTHER SYS	MOTOR VEHICLE PRIVATE	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
NF2061	10:OTHER SYS	MOTOR VEHICLE PRIVATE	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
NF2500	10:OTHER SYS	DISABILITY RELATED IN HOME CHILD CARE	-	-	-	-	04.08 MEDICAL DAY CARE FOR CHILDREN	04 DAY SERVICES
NF2500	99:UNKNOWN	DISABILITY RELATED IN HOME CHILD CARE	-	-	-	-	04.08 MEDICAL DAY CARE FOR CHILDREN	04 DAY SERVICES
NF2979	10:OTHER SYS	TRANSPORTATION COMMERCIAL LOCAL MEDICAL	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
NF2979	99:UNKNOWN	TRANSPORTATION COMMERCIAL LOCAL MEDICAL	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
NF3214	10:OTHER SYS	SPECIALIZED RESPITE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
NF3214	99:UNKNOWN	SPECIALIZED RESPITE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
NF3447	10:OTHER SYS	EMERGENCY RESPONSE SYSTEM	-	-	-	-	14.01 PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
NF3918	10:OTHER SYS	FOSTER PARENT RESPITE CARE IN HOME	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
NF3918	99:UNKNOWN	FOSTER PARENT RESPITE CARE IN HOME	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
NF4330	10:OTHER SYS	TRANSPORTATION COMMERCIAL DISTANCE MEDICAL	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
NF4475	99:UNKNOWN	PERSONAL ASSISTANCE SERVICE	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
NF4824	10:OTHER SYS	HABILITATION EXTENDED FAMILY HOME	-	-	-	-	08.01 HOME-BASED HABILITATION	08 HOME-BASED SERVICES
NF4824	99:UNKNOWN	HABILITATION EXTENDED FAMILY HOME	-	-	-	-	08.01 HOME-BASED HABILITATION	08 HOME-BASED SERVICES
NF5390	10:OTHER SYS	NUTRITION SERVICES	-	-	-	-	11.04 NUTRITION CONSULTATION	11 OTHER HEALTH AND THERAPEUTIC SERVICES
NF5390	10:OTHER SYS	NUTRITION SERVICES	-	-	-	-	11.04 NUTRITION CONSULTATION	11 OTHER HEALTH AND THERAPEUTIC SERVICES
NF5581	10:OTHER SYS	ESCORT	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
NF5665	10:OTHER SYS	COMMUNITY LIVING SUPPORTS IN HOME	-	-	-	-	04.07 COMMUNITY INTEGRATION	04 DAY SERVICES
NF6246	10:OTHER SYS	FOSTER PARENT RESPITE CARE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
NF6246	99:UNKNOWN	FOSTER PARENT RESPITE CARE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
NF6300	10:OTHER SYS	SPECIALIZED DISABILITY RELATED CHILD CARE	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
NF6300	10:OTHER SYS	SPECIALIZED DISABILITY RELATED CHILD CARE	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
NF6474	10:OTHER SYS	HABILITATION SUPPORTED DAY	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
NF6581	10:OTHER SYS	HABILITATION SUPPORTED EMPLOYMENT	-	-	-	-	03.02.9 ONGOING SUPPORTED EMPLOYMENT, UNSPECIFIED	03 SUPPORTED EMPLOYMENT
NF6700	10:OTHER SYS	HOMEMAKER IN HOME	-	-	-	-	08.05 HOMEMAKER	08 HOME-BASED SERVICES
NF6772	10:OTHER SYS	TRANSPORTATION COMMERCIAL DISTANCE	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
NF6811	10:OTHER SYS	MOTOR VEHICLE PRIVATE MEDICAL	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
NF6862	10:OTHER SYS	HABILITATION ASSISTED DAY	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
NF6862	99:UNKNOWN	HABILITATION ASSISTED DAY	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
NF6933	10:OTHER SYS	HABILITATION IN HOME	-	-	-	-	08.01 HOME-BASED HABILITATION	08 HOME-BASED SERVICES
NF6933	99:UNKNOWN	HABILITATION IN HOME	-	-	-	-	08.01 HOME-BASED HABILITATION	08 HOME-BASED SERVICES
NF7395	10:OTHER SYS	RESPIRE CARE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
NF7395	99:UNKNOWN	RESPIRE CARE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
NF7599	10:OTHER SYS	HOMEMAKER	-	-	-	-	08.05 HOMEMAKER	08 HOME-BASED SERVICES
NF7787	10:OTHER SYS	TRANSPORTATION COMMERCIAL LOCAL	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
NF8244	10:OTHER SYS	HABILITATION SUPPORTED RESIDENTIAL	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
NF8382	10:OTHER SYS	TRAINING INDEPENDENT SKILLS	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
NF8997	10:OTHER SYS	HABILITATION WORK STATION	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
NF9040	10:OTHER SYS	MEALS HOME DELIVERED	-	-	-	-	06.01 HOME DELIVERED MEALS	06 HOME DELIVERED MEALS
NF9245	10:OTHER SYS	ADULT DAY HEALTH CARE	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
NF9245	99:UNKNOWN	ADULT DAY HEALTH CARE	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
NF9418	10:OTHER SYS	ASSISTIVE TECHNOLOGY AND SUPPORTS	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
NF9539	10:OTHER SYS	COMMUNITY LIVING AND DAY SUPPORTS	-	-	-	-	04.07 COMMUNITY INTEGRATION	04 DAY SERVICES
NF9704	10:OTHER SYS	DISABILITY RELATED CHILD CARE	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
NF9989	10:OTHER SYS	ESCORT MEDICAL	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION

NEW JERSEY: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
Y6335	06:HCPCS	IN-PATIENT RESPITE CARE	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
Y6339	06:HCPCS	HOSPICE CO-PAY (RESPITE)	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
Y7338	06:HCPCS	ABC-RESPITE 8 HOUR DAY	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
Y7339	06:HCPCS	ABC-RESPITE 8 HOUR NIGHT	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
Y7343	06:HCPCS	ABC RESPITE OVER 8 HOURS UPTO 12 HRS	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
Y7344	06:HCPCS	ABC-RESPITE NIGHT OVER 8HRS TO 12HRS	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
Y7345	06:HCPCS	ABC-RESPITE OVER 12HRS UPTO 24 HRS	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
Y7346	06:HCPCS	ABC-RESPITE NURSING FACILITY DAILY	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
Y7373	06:HCPCS	ABC-SHSP PROVIDER RESPITE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
Y7433	06:HCPCS	TBI-CASE MANAGEMENT-INITAL MONTH	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
Y7434	06:HCPCS	TBI-CASE MANAGEMENT-CONTINUING	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
Y7435	06:HCPCS	TBI-COMMUNITY RESID'L 2-4 HRS	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
Y7436	06:HCPCS	TBI-COMMUNITY RESID'AL 4-8 HRS	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
Y7437	06:HCPCS	TBI-COMMUNITY RESID'L >8 HRS	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
Y7443	06:HCPCS	TBI-SUPPORTED DAY PROGRAM	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
Y7444	06:HCPCS	TBI-PERSONAL CARE WEEKDAY HRLY	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
Y7445	06:HCPCS	TBI-PERSONAL CARE WEEKENDS HRLY	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
Y7447	06:HCPCS	TBI-IN HOME RESPITE HOURLY	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
Y7453	06:HCPCS	TBI-RESPITE IN PATIENT	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
Y7454	06:HCPCS	TBI-PCA RN INITIAL RN ASSESSMENT	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
Y7455	06:HCPCS	TBI-PCA RN REASSESSMENT	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
Y7456	06:HCPCS	TBI-RESPITE 8 HR. DAY	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
Y7457	06:HCPCS	TBI-RESPITE 8 HR. NIGHT	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
Y7458	06:HCPCS	TBI-RESPITE OVER 8 TO 12 DAY	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
Y7459	06:HCPCS	TBI-RESPITE OVER 8 TO 12 NIGHT	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
Y7463	06:HCPCS	TBI-RESPITE OVER 12 TO 24 DAY	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
Y7556	06:HCPCS	TBI-SPEECH THERAPY PER VISIT	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
Y7558	06:HCPCS	TBI-COUNSELING(BEHAVIOR) HRLY	-	-	-	-	10.04 BEHAVIOR SUPPORT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
Y7559	06:HCPCS	TBI-COUNSELING (INDIV'L FAMILY)	-	-	-	-	10.06 COUNSELING	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
Y7564	06:HCPCS	TBI-BEHAVIOR PROGRAM(ASSESSMENT)	-	-	-	-	10.04 BEHAVIOR SUPPORT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
Y7566	06:HCPCS	TBI-BEHAVIOR SPECIALIST	-	-	-	-	10.04 BEHAVIOR SUPPORT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
Y7568	06:HCPCS	TBI@ENVIRONMENTAL MODIFICATION	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Y7573	06:HCPCS	ALTERNATE FAMILY CARE	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
Y7574	06:HCPCS	ASSIT'D LIV'G/COMPR.PERS'L CARE HOME	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
Y7575	06:HCPCS	ALT'NATE FAM'Y CARE CASE MANAGEMENT	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
Y7733	06:HCPCS	TBI-COMMUNITY RES >8HRS., 2 PER HAND (LEVEL IV SUPERVISION)	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
Y9633	06:HCPCS	ASSISTED LIVING RESIDENCE	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
Y9634	06:HCPCS	ASSISTED LIVING PROGRAM	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
Y9792	06:HCPCS	RESPITE CARE AL FACILITY 24 HRS	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
Y9795	06:HCPCS	ENVIRONMENTAL MODIFICATIONS PER JOB	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Y9795	06:HCPCS	ENVIRONMENTAL MODIFICATIONS PER JOB	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Y9834	06:HCPCS	TRANSPORTATION PER MILE	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
Y9835	06:HCPCS	TRANSPORTATION OTHER (ONE WAY TRIP)	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
Y9836	06:HCPCS	SPECIAL MEDICAL EQUIP	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Y9845	06:HCPCS	HOME BASED CARE PER HOUR CEP	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
Y9846	06:HCPCS	HOME BASED CARE PER HOUR-AGENCY	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
Y9853	06:HCPCS	SOC ADULT DAY CARE (DAILY)	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
Y9854	06:HCPCS	ENVIRONMENTAL ACCESS EVAL	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Y9855	06:HCPCS	SPEC MED EQUIP EVALUATION	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
Y9856	06:HCPCS	06:MISSING	-	-	-	-	99.99.9 UNKNOWN	99 UNKNOWN
Y9898	06:HCPCS	ECO CASE MANAGEMENT INITIAL MONTH	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
Y9943	06:HCPCS	MENTAL HLTH REHABILITATION SVCS PROVIDED IN RESIDENTAIL CHILD CARE FACILITIES LICENSED BY DYFS (NON RTCS) (DAILY) (CSOCI)	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
Z1200	06:HCPCS	HOMEMAKER HOURLY WEEKDAY CCEPD/HCEP	-	-	-	-	08.05 HOMEMAKER	08 HOME-BASED SERVICES

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PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
Z1205	06:HCPCS	INITIAL NURSING ASSESSMENT VISIT	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
Z1210	06:HCPCS	RESPIRE CARE 8 HOUR DAY CCPED/HCEP	-	-	-	12	09.01.2 RESPIRE, IN-HOME	09 CAREGIVER SUPPORT
Z1210	06:HCPCS	RESPIRE CARE 8 HOUR DAY CCPED/HCEP	-	-	-	12	09.01.2 RESPIRE, IN-HOME	09 CAREGIVER SUPPORT
Z1215	06:HCPCS	RESPIRE CARE 8 HOUR NIGHT CCPED/HCEP	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
Z1215	06:HCPCS	RESPIRE CARE 8 HOUR NIGHT CCPED/HCEP	-	-	-	12	09.01.2 RESPIRE, IN-HOME	09 CAREGIVER SUPPORT
Z1220	06:HCPCS	RESPIRE CARE 8 TO 12 HOUR CCPED/HCEP	-	-	-	12	09.01.2 RESPIRE, IN-HOME	09 CAREGIVER SUPPORT
Z1225	06:HCPCS	RESPTIE CARE 8-12HR/NIGHT CCPED/HCEP	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
Z1225	06:HCPCS	RESPTIE CARE 8-12HR/NIGHT CCPED/HCEP	-	-	-	12	09.01.2 RESPIRE, IN-HOME	09 CAREGIVER SUPPORT
Z1230	06:HCPCS	RESPIRE CARE 12-24 HOURS CCPED/HCEP	-	-	-	12	09.01.2 RESPIRE, IN-HOME	09 CAREGIVER SUPPORT
Z1230	06:HCPCS	RESPIRE CARE 12-24 HOURS CCPED/HCEP	-	-	-	12	09.01.2 RESPIRE, IN-HOME	09 CAREGIVER SUPPORT
Z1230	06:HCPCS	RESPIRE CARE 12-24 HOURS CCPED/HCEP	-	-	-	32	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
Z1235	06:HCPCS	SOCIAL ADULT DAY CARE, CCW/DMAHS	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
Z1240	06:HCPCS	CASE MANAGEMENT PER MONTH CCPED/HCEP	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
Z1243	06:HCPCS	CCPED CASE MANAGEMENT INITIAL MONTH	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
Z1285	06:HCPCS	RESPIRE CARE IN NF UNDER CCPED/HCEP	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
Z1290	06:HCPCS	HOMEMAKER NURSING REASSESSMENT VISIT	-	-	-	-	08.05 HOMEMAKER	08 HOME-BASED SERVICES
Z1295	06:HCPCS	HOMEMAKER WEEKEND HOLIDAY CCPED/HCEP	-	-	-	-	08.05 HOMEMAKER	08 HOME-BASED SERVICES
Z1400	06:HCPCS	CASE MANAGEMENT DDD\CCW	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
Z1405	06:HCPCS	HABILITATION, NON-AA,	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
Z1410	06:HCPCS	PERSONAL CARE, GROUP HOME	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
Z1413	06:HCPCS	PERSONAL CARE INDEPENDENT LIVING	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
Z1435	06:HCPCS	PERSONAL CARE, SD HOME	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
Z1467	06:HCPCS	HABILITATION, NON-AA,	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
Z1480	06:HCPCS	RESPIRE CARE, OWN HOME/FFH, DMR	-	-	-	-	09.01.2 RESPIRE, IN-HOME	09 CAREGIVER SUPPORT
Z1481	06:HCPCS	RESPIRE, HOURLY	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
Z1482	06:HCPCS	RESPIRE, DAILY	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
Z1483	06:HCPCS	RESPIRE, WEEKLY	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
Z1484	06:HCPCS	FOSTER CARE HOME-DDD-RESPIRE, HOURLY	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
Z1485	06:HCPCS	RESPIRE CARE, OWN HOME/FFH, DMR	-	-	-	-	09.01.2 RESPIRE, IN-HOME	09 CAREGIVER SUPPORT
Z1486	06:HCPCS	FOSTER CARE HOME-DDD-RESPIRE, DAILY	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
Z1487	06:HCPCS	FOSTER CARE HOME-DDD-RESPIRE, WEEKLY	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
Z1490	06:HCPCS	RESPIRE CARE, OWN HOME/FFH, DMR	-	-	-	-	09.01.2 RESPIRE, IN-HOME	09 CAREGIVER SUPPORT
Z1520	06:HCPCS	PERSONAL CARE, SSD HOME	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
Z1533	06:HCPCS	INDIVIDUAL SUPPORTS SELF DETERMINATION	-	-	-	-	12.02 INFORMATION AND ASSISTANCE IN SUPPORT OF PARTICIPANT DIRECTION'	12 SERVICES SUPPORTING PARTICIPANT DIRECTION
Z1535	06:HCPCS	INTEGRATED THERAPEUTIC NETWORK (PER 15 MIN)	-	-	-	-	10.06 COUNSELING	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
Z1537	06:HCPCS	INDIVIDUAL SUPPORTS KEYSTONE RESIDEN (DAILY)	-	-	-	-	12.02 INFORMATION AND ASSISTANCE IN SUPPORT OF PARTICIPANT DIRECTION'	12 SERVICES SUPPORTING PARTICIPANT DIRECTION
Z1541	06:HCPCS	06:MISSING	-	-	-	-	99.99.9 UNKNOWN	99 UNKNOWN
Z1600	06:HCPCS	PCA PER HOUR/WEEKDAY/INDIVIDUAL	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
Z1600	06:HCPCS	PCA PER HOUR/WEEKDAY/INDIVIDUAL	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
Z1605	06:HCPCS	PCA PER HOUR/WEEKDAY/GROUP	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
Z1610	06:HCPCS	INITIAL NURSING ASSESSMENT VISIT	-	-	-	AD: HOME	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
Z1611	06:HCPCS	PCA PER 1/2 HR/WEEKDAY/INDIVIDUAL	-	-	-	AD: HOME	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
Z1612	06:HCPCS	PCA PER 1/2 HR/WEEKDAY/GROUP	-	-	-	AD: HOME	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
Z1613	06:HCPCS	NURSING REASSESSMENT VISIT-PCA	-	-	-	AD: HOME	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
Z1614	06:HCPCS	PCA PER HOUR/WEEKEND/HOLIDAY/INDIV	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
Z1614	06:HCPCS	PCA PER HOUR/WEEKEND/HOLIDAY/INDIV	-	-	-	AD: HOME	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
Z1615	06:HCPCS	PCA PER 1/2 HR/WEEKEND/HOLIDAY/INDIV	-	-	-	AD: HOME	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
Z1616	06:HCPCS	PCA PER HOUR/WEEKEND/HOLIDAY/GROUP	-	-	-	AD: HOME	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
Z1617	06:HCPCS	PCA PER 1/2 HR/WEEKEND/HOLIDAY/GROUP	-	-	-	AD: HOME	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
Z1700	06:HCPCS	CASE MANAGEMENT/MONTH MODEL WAIVER	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
Z1710	06:HCPCS	RN/HR/PDN	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
Z1715	06:HCPCS	LPN/HR WEEKDAY	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
Z1720	06:HCPCS	RN/HR WEEKEND/EVENING/HOLIDAY	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
Z1720	06:HCPCS	RN/HR WEEKEND/EVENING/HOLIDAY	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
Z1725	06:HCPCS	LPN/HR WEEKEND/EVENING/HOLIDAY	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
Z1730	06:HCPCS	SPECIALTY RN PER HOUR/WEEKDAY	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
Z1730	06:HCPCS	SPECIALTY RN PER HOUR/WEEKDAY	-	-	-	32	05.02 SKILLED NURSING	05 NURSING
Z1735	06:HCPCS	SPECIALTY LPN PER HOUR/WEEKDAY	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
Z1740	06:HCPCS	RN/HR SPECIALTY WEEKEND/EVE/HOLIDAY	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
Z1745	06:HCPCS	LPN/HR SPECIALTY WEEKEND/EVE/HOLIDAY	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
Z1800	06:HCPCS	CASE MANAGEMENT/MONTH ACCAP	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT

NEW JERSEY: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
Z1801	06:HCPCS	CASE MANAGEMENT/INITIAL MONTH ACCAP	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
Z1820	06:HCPCS	PCA INDIVIDUAL HOUR WEEKDAYS ACCAP	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
Z1821	06:HCPCS	PCA PER 1/2 HR/WEEKDAY/INDIV ACCAP	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
Z1822	06:HCPCS	PCA/HR/WEEKEND/HOLIDAY/INDIV ACCAP	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
Z1823	06:HCPCS	PCA 1/2HR WEEKEND/HOLIDAY/INDIV ACCP	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
Z1824	06:HCPCS	PERSONAL CARE ASSISTANT SERVICE	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
Z1828	06:HCPCS	PCA INITIAL NURSING ASSESSMENT ACCAP	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
Z1829	06:HCPCS	PCA NURSING REASSESSMENT VISIT ACCAP	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
Z7333	06:HCPCS	ADULT MH REHAB LEV AT GRP HOME/DIEM (AMHR)	-	-	-	-	02.01.2 GROUP LIVING, MENTAL HEALTH SERVICES	02 ROUND-THE-CLOCK SERVICES
Z9638	06:HCPCS	ALT FAM CARE RESPITE PER DIEM	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
Z9639	06:HCPCS	ALT FAMILY CARE RESPITE HOURLY	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT

NEW MEXICO: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
0405T	06:HCPCS	ED BH RESPITE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
1004E	06:HCPCS	91 IN-HOME RESPITE	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
1004F	06:HCPCS	95 IN/HOME RESPITE	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
1005F	06:HCPCS	95 INSTITUTIONAL RESPITE	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
1008E	06:HCPCS	RESPITE (LPN)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
1009E	06:HCPCS	RESPITE (RN)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
1012E	06:HCPCS	93 IN-HOME RESPITE	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
1016E	06:HCPCS	RESPITE (LPN)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
1017E	06:HCPCS	RESPITE (RN)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
1020E	06:HCPCS	94 IN-HOME RESPITE	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
1024E	06:HCPCS	RESPITE (LPN)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
1024G	06:HCPCS	RESPITE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
1025E	06:HCPCS	RESPITE (RN)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
1030E	06:HCPCS	RESPITE (LPN)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
1031E	06:HCPCS	RESPITE (RN)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
1032E	06:HCPCS	97/98/99 IN-HOME RESPITE	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
1060G	06:HCPCS	RESPITE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
1088G	06:HCPCS	RESPITE CARE-CO-FUNDED	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
EA004	06:HCPCS	91 IN HOME RESPITE	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
EA008	06:HCPCS	RESPITE (LPN)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
EA009	06:HCPCS	RESPITE (RN)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
EA012	06:HCPCS	93 IN-HOME RESPITE	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
EA016	06:HCPCS	RESPITE (LPN)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
EA017	06:HCPCS	RESPITE (RN)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
EA020	06:HCPCS	94 IN-HOME RESPITE	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
EA024	06:HCPCS	RESPITE (LPN)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
EA025	06:HCPCS	RESPITE (RN)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
EA030	06:HCPCS	RESPITE (LPN)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
EA031	06:HCPCS	RESPITE (RN)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
EA032	06:HCPCS	97/98/99 IN-HOME RESPITE	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
FA004	06:HCPCS	95 IN/HOME RESPITE	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
FA005	06:HCPCS	95 INSTITUTIONAL RESPITE	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
FA019	06:HCPCS	RESPITE (RN)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
FA020	06:HCPCS	RESPITE (LPN)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
FA021	06:HCPCS	RESPITE (HHA)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
GA024	06:HCPCS	RESPITE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
GA088	06:HCPCS	RESPITE CARE-CO-FUNDED	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
		RESIDENTIAL CARE, NOT OTHERWISE SPECIFIED						
T2033	06:HCPCS	(NOS), WAIVER; PER DIEM	-	-	-	-	02.03.1 IN-HOME RESIDENTIAL HABILITATION	02 ROUND-THE-CLOCK SERVICES
TE405	06:HCPCS	ED BH RESPITE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT

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PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
T2017	06:HCPCS	HABILITATION, RESIDENTIAL, WAIVER; 15 MINUTES	TJ	-	-	-	08.01 HOME-BASED HABILITATION	08 HOME-BASED SERVICES
T2017	06:HCPCS	HABILITATION, RESIDENTIAL, WAIVER; 15 MINUTES	-	-	-	-	02.01.1 GROUP LIVING, RESIDENTIAL HABILITATION	02 ROUND-THE-CLOCK SERVICES

NEW YORK: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
1212	10:OTHER SYS	RESIDENTIAL TREATMENT FACILITY	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
1216	10:OTHER SYS	CHILD CARE HARD-TO-PLACE	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
1217	10:OTHER SYS	CHILD CARE THERAPEUTIC BOARDING HOME	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
1300	10:OTHER SYS	HH - B2H - REGULAR FULL MONTH RATE (HEALTH CARE INTEGRATION)	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
1301	10:OTHER SYS	HH - B2H - 1ST MONTH TRANSITION RATE	-	-	-	-	16.01 COMMUNITY TRANSITION SERVICES	16 COMMUNITY TRANSITION SERVICES
1306	10:OTHER SYS	HH - B2H - INDIVIDUAL RATE (FAMILY/CAREGIVER SUPPORTS AND SERVICES)	-	-	-	-	09.02 CAREGIVER COUNSELING AND/OR TRAINING	09 CAREGIVER SUPPORT
1307	10:OTHER SYS	HH - B2H - GROUP RATE (FAMILY/CAREGIVER SUPPORTS AND SERVICES)	-	-	-	-	09.02 CAREGIVER COUNSELING AND/OR TRAINING	09 CAREGIVER SUPPORT
1310	10:OTHER SYS	HH - B2H - INDIVIDUAL RATE (DAY HABILITATION)	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
1312	10:OTHER SYS	HH - B2H - INDIVIDUAL RATE (SPECIAL NEEDS SCHOOLING SUPPORT)	-	-	-	-	17.99.9 OTHER	17 OTHER
1313	10:OTHER SYS	HH - B2H - GROUP RATE (SPECIAL NEEDS SCHOOLING SUPPORT)	-	-	-	-	17.99.9 OTHER	17 OTHER
1314	10:OTHER SYS	HH - B2H - INDIVIDUAL RATE (PREVOCATIONAL SERVICES)	-	-	-	-	04.01 PREVOCATIONAL SERVICES	04 DAY SERVICES
1315	10:OTHER SYS	PVOC SRV GROUP RATE - SED	-	-	-	-	04.01 PREVOCATIONAL SERVICES	04 DAY SERVICES
1316	10:OTHER SYS	HH - B2H - INDIVIDUAL RATE ONLY (SUPPORTED EMPLOYMENT)	-	-	-	-	03.02.9 ONGOING SUPPORTED EMPLOYMENT, UNSPECIFIED	03 SUPPORTED EMPLOYMENT
1317	10:OTHER SYS	HH - B2H - LESS THAN FULL DAY RATE (RESPIRE SERVICES)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
1318	10:OTHER SYS	HH - B2H - FULL DAY RESPITE CARE (RESPIRE SERVICES)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
1319	10:OTHER SYS	HH - B2H - INDIVIDUAL RATE (CRISIS AVOIDANCE & MANAGEMENT AND TRAINING)	-	-	-	-	10.03 CRISIS INTERVENTION	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
1320	10:OTHER SYS	HH - B2H - GROUP RATE (CRISIS AVOIDANCE & MANAGEMENT AND TRAINING)	-	-	-	-	10.03 CRISIS INTERVENTION	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
1321	10:OTHER SYS	B2H - INDIVIDUAL RATE ONLY (IMMEDIATE CRISIS RESPONSE SERVICES)	-	-	-	-	10.03 CRISIS INTERVENTION	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
1323	10:OTHER SYS	B2H - LESS THAN FULL DAY RATE - IF LESS THAN X HOURS (CRISIS RESPITE)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
1324	10:OTHER SYS	B2H - FULL DAY RESPITE RATE - IF MORE THAN X HOURS (CRISIS RESPITE)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
1327	10:OTHER SYS	HH - B2H - REGULAR FULL MONTH RATE (HEALTH CARE INTEGRATION)	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
1328	10:OTHER SYS	HH - B2H - 1ST MONTH TRANSITION RATE (HEALTH CARE INTEGRATION)	-	-	-	-	16.01 COMMUNITY TRANSITION SERVICES	16 COMMUNITY TRANSITION SERVICES
1332	10:OTHER SYS	HH - B2H - FULL MONTH INPATIENT HOSPITAL RATE (HEALTH CARE INTEGRATION)	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
1333	10:OTHER SYS	HH - B2H - INDIVIDUAL RATE (FAMILY/CAREGIVER SUPPORTS AND SERVICES)	-	-	-	-	09.02 CAREGIVER COUNSELING AND/OR TRAINING	09 CAREGIVER SUPPORT
1337	10:OTHER SYS	HH - B2H - INDIVIDUAL RATE (DAY HABILITATION)	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
1338	10:OTHER SYS	HH - B2H - GROUP RATE - GROUP SIZE TBD (DAY HABILITATION)	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
1339	10:OTHER SYS	HH - B2H - INDIVIDUAL RATE (SPECIAL NEEDS SCHOOLING SUPPORT)	-	-	-	-	17.99.9 OTHER	17 OTHER
1341	10:OTHER SYS	HH - B2H - INDIVIDUAL RATE (PREVOCATIONAL SERVICES)	-	-	-	-	04.01 PREVOCATIONAL SERVICES	04 DAY SERVICES
1343	10:OTHER SYS	SUPPORT EMP IND RATE - DD	-	-	-	-	03.02.9 ONGOING SUPPORTED EMPLOYMENT, UNSPECIFIED	03 SUPPORTED EMPLOYMENT
1344	10:OTHER SYS	B2H - LESS THAN FULL DAY RATE - IF LESS THAN X HOURS (RESPIRE SERVICES)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
1345	10:OTHER SYS	B2H - FULL DAY RESPITE RATE - IF MORE THAN X HOURS (RESPIRE SERVICES)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
1346	10:OTHER SYS	HH - B2H - INDIVIDUAL RATE (CRISIS AVOIDANCE & MANAGEMENT AND TRAINING)	-	-	-	-	10.03 CRISIS INTERVENTION	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
1348	10:OTHER SYS	B2H - INDIVIDUAL RATE ONLY (IMMEDIATE CRISIS RESPONSE SERVICES)	-	-	-	-	10.03 CRISIS INTERVENTION	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
1350	10:OTHER SYS	B2H - LESS THAN FULL DAY RATE - IF LESS THAN X HOURS (CRISIS RESPITE)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
1352	10:OTHER SYS	ADP ASSIS EQUIP RATE - DD	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS

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PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
1354	10:OTHER SYS	HH - B2H - REGULAR FULL MONTH RATE (HEALTH CARE INTEGRATION)	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
1355	10:OTHER SYS	HH - B2H - 1ST MONTH TRANSITION RATE (HEALTH CARE INTEGRATION)	-	-	-	-	16.01 COMMUNITY TRANSITION SERVICES	16 COMMUNITY TRANSITION SERVICES
1358	10:OTHER SYS	HH - B2H - HALF MONTH INPATIENT HOSPITAL RATE (HEALTH CARE INTEGRATION)	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
1360	10:OTHER SYS	HH - B2H - INDIVIDUAL RATE (FAMILY/CAREGIVER SUPPORTS AND SERVICES)	-	-	-	-	09.02 CAREGIVER COUNSELING AND/OR TRAINING	09 CAREGIVER SUPPORT
1364	10:OTHER SYS	DAY HAB IND RATE - MED F	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
1366	10:OTHER SYS	HH - B2H - INDIVIDUAL RATE (SPECIAL NEEDS SCHOOLING SUPPORT)	-	-	-	-	17.99.9 OTHER	17 OTHER
1368	10:OTHER SYS	HH - B2H - INDIVIDUAL RATE (PREVOCATIONAL SERVICES)	-	-	-	-	04.01 PREVOCATIONAL SERVICES	04 DAY SERVICES
1371	10:OTHER SYS	B2H - LESS THAN FULL DAY RATE - IF LESS THAN X HOURS (RESPIRE SERVICES)	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
1372	10:OTHER SYS	B2H - FULL DAY RESPIRE RATE - IF MORE THAN X HOURS (RESPIRE SERVICES)	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
1379	10:OTHER SYS	HH - B2H - RATE TYPE SET TO 27 WHICH WILL CAUSE SYSTEM TO PAY PCT OF (ADAPTIVE AND ASSISTIVE EQUIPMENT)	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
2401	10:OTHER SYS	CONSUMER DIRECT PERS ASSIST 1 CLIENT HRLY	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
2402	10:OTHER SYS	CONS DIR PERS ASSIST 2 OR MORE CLNTS HRLY/CLT	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
2403	10:OTHER SYS	CONS DIR PERS ASSIST 1 CLNT HRLY ENHNCED RATE	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
2404	10:OTHER SYS	CONSUMER DIRECTED PRESONAL ASSISTANCE	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
2405	10:OTHER SYS	CONS DIR PERS ASSIST 1 CLNT LIVE-IN	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
2406	10:OTHER SYS	CONSUMER DIRECTED PERSONAL ASSISTANCE	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
2422	10:OTHER SYS	CDPAP I CLIENT 1/4 HOUR	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
2423	10:OTHER SYS	CDPAP 2 CLIENT 1/4 HOUR	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
2424	10:OTHER SYS	CDPAP I CLIENTS ENHANCED RATE 1/4 HOUR	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
2501	10:OTHER SYS	PCAI,SHARED AIDE,BASIC,HOURLY	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
2502	10:OTHER SYS	PCAI,SHARED AIDE,BASIC,HOURLY	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
2507	10:OTHER SYS	PCAI,SHARED AIDE,BASIC,QUARTER HOUR	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
2508	10:OTHER SYS	PCAI,SHARED AIDE,BASIC,QUARTER HOUR	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
2593	10:OTHER SYS	PCA LEVEL I, 1 CLIENT, QUARTER HOUR	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
2594	10:OTHER SYS	PCA LEVEL I, 2 CLIENTS, PER CLIENT 1/4 HR	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
2595	10:OTHER SYS	PCA LEVEL II, 1 CLIENT, 1/4 HOUR	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
2596	10:OTHER SYS	PCA LEVEL II, 2 CLIENTS PER CLIENT 1/4 HR	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
2601	10:OTHER SYS	PCA LEVEL 1 ONE CLIENT HOURLY	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
2602	10:OTHER SYS	PCA LEVEL 1 2 CLIENTS HRLY (PER CLIENT)	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
2610	10:OTHER SYS	HOME HEALTH AIDE	-	-	-	-	08.02 HOME HEALTH AIDE	08 HOME-BASED SERVICES
2611	10:OTHER SYS	LONG TERM HOME HEALTH AIDE	-	-	-	-	08.02 HOME HEALTH AIDE	08 HOME-BASED SERVICES
2622	10:OTHER SYS	PCA LEVEL 2 ONE CLIENT HOURLY	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
2623	10:OTHER SYS	PCA LEVEL 2, 2 CLIENTS HOURLY (PER CLIENT)	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
2626	10:OTHER SYS	PCA LEVEL 2, 1 CLIENT HRLY-SECONDARY CODE	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
2627	10:OTHER SYS	PCA LV2, 2 CLNTS HRLY, PER CLNT-SECONDARY CD	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
2631	10:OTHER SYS	LONG TERM HOME MAKER	-	-	-	-	08.05 HOME MAKER	08 HOME-BASED SERVICES
2632	10:OTHER SYS	PCA LEVEL ONE CLIENT DAILY	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
2633	10:OTHER SYS	PCA LEVEL 2 2 CLIENTS DAILY (PER CLIENT)	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
2663	10:OTHER SYS	RESPIRE LTHC-PCA-HHAS (FREE STANDING)	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
2665	10:OTHER SYS	RESPIRE COMMUNITY 24-HRS-PERSONAL CARE AID	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
2671	10:OTHER SYS	LONG TERM HOUSEKEEPER	-	-	-	-	08.05 HOME MAKER	08 HOME-BASED SERVICES
2681	10:OTHER SYS	LONG TERM PERSONAL CARE	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
2692	10:OTHER SYS	RESPIRE LONG TERM HOME SNF CARE	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
2693	10:OTHER SYS	RESPIRE LONG TERM HOME HRF CARE	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
2731	10:OTHER SYS	FOSTER FAMILY PERSONAL CARE-MONTHLY	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
2732	10:OTHER SYS	FOSTER FAMILY PERSONAL CARE-DAILY	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
2742	10:OTHER SYS	PCA II - NURSING SUPERVISION	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
2817	10:OTHER SYS	LONG TERM PERSONAL CARE (HOSP BASED)	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
2820	10:OTHER SYS	INPATIENT GENERAL - RESPIRE	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
2822	10:OTHER SYS	RESPIRE LONG TERM HOME SNF CARE	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT

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PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
2823	10:OTHER SYS	RESPIRE LONG TERM HOME HRF CARE	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
2834	10:OTHER SYS	RESPIRE LTHC-PCA-HHAS (HOSP BASED)	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
2836	10:OTHER SYS	RESPIRE LONG TERM CARE - HOSPITAL	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
3817	10:OTHER SYS	SNF/GENERAL - RESPIRE	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
3824	10:OTHER SYS	COMMUNITY RN RESPIRE NURSING	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
3825	10:OTHER SYS	COMMUNITY LPN RESPIRE NURSING	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
3826	10:OTHER SYS	HOSPITAL RN RESPIRE NURSING	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
3827	10:OTHER SYS	HOSPITAL LPN RESPIRE NURSING	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
3828	10:OTHER SYS	NURSING HOME RN RESPIRE NURSING	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
3829	10:OTHER SYS	NURSING HOME LPN RESPIRE NURSING	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
3850	10:OTHER SYS	LONG TERM HOME HEALTH AIDE (RHCF)	-	-	-	-	08.02 HOME HEALTH AIDE	08 HOME-BASED SERVICES
3855	10:OTHER SYS	LONG TERM HOMEMAKER (RHCF)	-	-	-	-	08.05 HOMEMAKER	08 HOME-BASED SERVICES
3856	10:OTHER SYS	LONG TERM HOUSEKEEPER (RHCF)	-	-	-	-	08.05 HOMEMAKER	08 HOME-BASED SERVICES
3857	10:OTHER SYS	LONG TERM PERSONAL CARE (RHCF)	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
3859	10:OTHER SYS	RESPIRE LTHC-PCA-RESID. HCFS (FS)	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
3862	10:OTHER SYS	RESPIRE LONG TERM HOME SNF CARE	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
3863	10:OTHER SYS	RESPIRE LONG TERM HOME HRF CARE	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
3864	10:OTHER SYS	RESPIRE LONG TERM CARE NURSING	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
3875	10:OTHER SYS	LTHHCP-RESPIRE CARE (HOSPITAL)	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
3904	10:OTHER SYS	S/HMOCO-PAY-RESPIRE - SNF	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
3905	10:OTHER SYS	S/HMOCO-PAY-RESPIRE - HRF	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
3906	10:OTHER SYS	S/HMOCO-PAY-RESPIRE - IN HOME	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
3929	10:OTHER SYS	S/HMOFULLFEE-FOR-SERVICE-RESPIRE-SNF	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
3930	10:OTHER SYS	S/HMOFULLFEE-FOR-SERVICE-RESPIRE-HRF	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
3931	10:OTHER SYS	S/HMOFULLFEE/SERV-RESPIRE-IN HOME	-	-	-	-	09.01.2 RESPIRE, IN-HOME	09 CAREGIVER SUPPORT
3933	10:OTHER SYS	RHCFDAYCARE,IHR-RESPIRE	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
3934	10:OTHER SYS	RHCFDAYCARE,2HRS-RESPIRE	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
3935	10:OTHER SYS	RHCFDAYCARE,3HRS-RESPIRE	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
3936	10:OTHER SYS	RHCFDAYCARE,4HRS-RESPIRE	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
3937	10:OTHER SYS	RHCFDAYCARE,5HRS-RESPIRE	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
3938	10:OTHER SYS	RHCFDAYCARE,6HRS-RESPIRE	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
3940	10:OTHER SYS	RHCFDAYCARE,7HRS-RESPIRE	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
3941	10:OTHER SYS	RHCFDAYCARE,8HRS-RESPIRE	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
3942	10:OTHER SYS	HRF/GENERAL - RESPIRE	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
3943	10:OTHER SYS	HRF/MR - RESPIRE	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
3946	10:OTHER SYS	HOSPICE INPATIENT RESPIRE	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
3965	10:OTHER SYS	HOSPICE-INPATIENT RESPIRE CARE-COINSUR	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
4170	10:OTHER SYS	OMR/DD DAY TREATMENT - FULL DAY	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
4319	10:OTHER SYS	CONTINUING DAY TREATMENT - 5 HOUR 1-50	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
4413	10:OTHER SYS	MONTHLY REHAB FEE - VOLNTRY OPERATED	-	-	-	56	02.01.2 GROUP LIVING, MENTAL HEALTH SERVICES	02 ROUND-THE-CLOCK SERVICES
4414	10:OTHER SYS	SEMI-MONTH REHAB FEE;1ST HALF-VOL OPER	-	-	-	56	02.01.2 GROUP LIVING, MENTAL HEALTH SERVICES	02 ROUND-THE-CLOCK SERVICES
4415	10:OTHER SYS	SEMI-MONTH REHAB FEE;2ND HALF-VOLNTRY OP	-	-	-	56	02.01.2 GROUP LIVING, MENTAL HEALTH SERVICES	02 ROUND-THE-CLOCK SERVICES
4435	10:OTHER SYS	RES HAB; STATE-AT HOME; HOURLY	-	-	-	12	08.01 HOME-BASED HABILITATION	08 HOME-BASED SERVICES
4440	10:OTHER SYS	RES HAB; VOLUNTARY-FC; PER DIEM	-	-	-	56	02.01.2 GROUP LIVING, MENTAL HEALTH SERVICES	02 ROUND-THE-CLOCK SERVICES
4443	10:OTHER SYS	RES HAB; VOLUNTARY-AT HOME; PER DIEM	-	-	-	12	08.01 HOME-BASED HABILITATION	08 HOME-BASED SERVICES
4446	10:OTHER SYS	DAY HAB; STATE; FULL DAY	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
4447	10:OTHER SYS	DAY HAB; STATE; HALF DAY	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
4453	10:OTHER SYS	DAY HAB; VOLUNTARY; HALF DAY	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
4454	10:OTHER SYS	DAY HAB; VOLUNTARY; HOURLY	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
4455	10:OTHER SYS	DAY HAB; VOLUNTARY; \$1.00 PER UNIT FEE	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
4456	10:OTHER SYS	DAY HAB; VOLUNTARY; \$5.00 PER UNIT FEE	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
4457	10:OTHER SYS	DAY HAB; VOLUNTARY; \$10.00 PER UNIT FEE	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
4458	10:OTHER SYS	PRE VOC; STATE; FULL DAY	-	-	-	-	04.01 PREVOCATIONAL SERVICES	04 DAY SERVICES
4459	10:OTHER SYS	PRE VOC; STATE; HOURLY	-	-	-	-	04.01 PREVOCATIONAL SERVICES	04 DAY SERVICES
4463	10:OTHER SYS	PRE VOC; VOLUNTARY; HOURLY	-	-	-	-	04.01 PREVOCATIONAL SERVICES	04 DAY SERVICES
4464	10:OTHER SYS	PRE VOC; VOLUNTARY; \$10.00 PER UNIT FEE	-	-	-	-	04.01 PREVOCATIONAL SERVICES	04 DAY SERVICES
4465	10:OTHER SYS	PRE VOC; VOLUNTARY; \$1.00 PER UNIT FEE	-	-	-	-	04.01 PREVOCATIONAL SERVICES	04 DAY SERVICES
4466	10:OTHER SYS	SUPPORTED EMPLOYMENT; STATE; FULL DAY	-	-	-	-	03.02.9 ONGOING SUPPORTED EMPLOYMENT, UNSPECIFIED	03 SUPPORTED EMPLOYMENT

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PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
4468	10:OTHER SYS	SUPPORTED EMPLOY; STATE; \$10.00/UNIT FEE	-	-	-	-	03.02.9 ONGOING SUPPORTED EMPLOYMENT, UNSPECIFIED	03 SUPPORTED EMPLOYMENT
4469	10:OTHER SYS	SUPPORTED EMPLOYMENT; STATE; MONTHLY	-	-	-	-	03.02.9 ONGOING SUPPORTED EMPLOYMENT, UNSPECIFIED	03 SUPPORTED EMPLOYMENT
4471	10:OTHER SYS	SUPPORT EMPLY; VOL.; MNTHLY DDP LEVEL 1	-	-	-	-	03.02.9 ONGOING SUPPORTED EMPLOYMENT, UNSPECIFIED	03 SUPPORTED EMPLOYMENT
4472	10:OTHER SYS	SUPPORT EMPLOY; VOL. MNTHLY DDP LEVEL 2	-	-	-	-	03.02.9 ONGOING SUPPORTED EMPLOYMENT, UNSPECIFIED	03 SUPPORTED EMPLOYMENT
4473	10:OTHER SYS	SUPPORT EMPLOY; VOL.;MNTHLY DDP LEVEL 3	-	-	-	-	03.02.9 ONGOING SUPPORTED EMPLOYMENT, UNSPECIFIED	03 SUPPORTED EMPLOYMENT
4476	10:OTHER SYS	ENVIRON MODS; \$1.00/UNIT FEE STATE	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
4477	10:OTHER SYS	ENVIRON MODS; \$10.00 PER UNIT FEE STATE	-	-	-	-	ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
4478	10:OTHER SYS	ENVIRON MODS; \$100.00 PER UNIT FEE STATE	-	-	-	-	ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
4479	10:OTHER SYS	ENVIRON MODS; \$1000.00 PER UNIT FEE STATE	-	-	-	-	ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
4481	10:OTHER SYS	CONSOLIDATED SUPPORTS & SERVICES-VOLUNTARY	-	-	-	-	PARTICIPANT DIRECTION'	12 SERVICES SUPPORTING PARTICIPANT DIRECTION
4482	10:OTHER SYS	ADAPTIVE TECH; \$1.00 PER UNIT FEE STATE	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
4483	10:OTHER SYS	ADAPTIVE TECH; \$10.00/UNIT FEE STATE	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
4484	10:OTHER SYS	ADAPTIVE TECH; \$100.00/UNIT FEE STATE	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
4485	10:OTHER SYS	ADAPTIVE TECH; \$1000.00/UNIT FEE STATE	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
4486	10:OTHER SYS	RES RESPITE; VOLUNTARY, HALF DAY SKILLED	-	-	-	12	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
4487	10:OTHER SYS	RES RESPITE; VOLUNTARY, HALF DAY SKILLED	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
4488	10:OTHER SYS	RES RESPITE; VOLUNTARY; PER DIEM	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
4489	10:OTHER SYS	RES RESPITE; VOLUNTARY, FULL DAY SKILLED	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
4490	10:OTHER SYS	RES RESPITE; STATE HOURLY (ON SITE)	-	-	-	12	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
4491	10:OTHER SYS	HOURLY RESPITE; STATE; \$1.00/UNIT FEE	-	-	-	12	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
4492	10:OTHER SYS	HOURLY RESPITE; VOL; HOURLY (BASIC)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
4493	10:OTHER SYS	HOURLY RESPITE; VOL; HOURLY (SKILLED)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
4494	10:OTHER SYS	PLAN OF CARE SUPPORT SVCS-STATE; UNIT	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
4495	10:OTHER SYS	PLAN CARE SUPPORT SVCS-VOLUNTARY UNIT	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
4496	10:OTHER SYS	INDIV. FAMILY EDUC & TRNG SERV-STATE;UNIT	-	-	-	-	09.02 CAREGIVER COUNSELING AND/OR TRAINING	09 CAREGIVER SUPPORT
4497	10:OTHER SYS	IND. FAM EDUC & TRNG SERV-VOL. UNIT	-	-	-	-	09.02 CAREGIVER COUNSELING AND/OR TRAINING	09 CAREGIVER SUPPORT
4498	10:OTHER SYS	GRP FAM EDUC & TRNG SERV-ST;UNIT	-	-	-	-	09.02 CAREGIVER COUNSELING AND/OR TRAINING	09 CAREGIVER SUPPORT
4499	10:OTHER SYS	GROUP FAM EDUC & TRNG SERV-VOL. UNIT	-	-	-	-	09.02 CAREGIVER COUNSELING AND/OR TRAINING	09 CAREGIVER SUPPORT
4650	10:OTHER SYS	ICC MONTHLY	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
4651	10:OTHER SYS	ICC 1ST HALF MONTH	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
4652	10:OTHER SYS	ICC 2ND HALF MONTH	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
4653	10:OTHER SYS	RESPITE HOURLY	-	-	-	12	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
4654	10:OTHER SYS	RESPITE DAILY	-	-	-	12	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
4655	10:OTHER SYS	FAMILY SUPPORT	-	-	-	-	09.02 CAREGIVER COUNSELING AND/OR TRAINING	09 CAREGIVER SUPPORT
4656	10:OTHER SYS	SKILL BUILDING	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
4657	10:OTHER SYS	INTENSIVE IN-HOME HOURLY	-	-	-	-	10.04 BEHAVIOR SUPPORT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
4658	10:OTHER SYS	INTENSIVE IN-HOME ICC STAFF	-	-	-	-	10.04 BEHAVIOR SUPPORT	SERVICES
4659	10:OTHER SYS	CRISIS RESPONSE HOURLY	-	-	-	-	10.03 CRISIS INTERVENTION	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
4660	10:OTHER SYS	CRISIS RESPONSE-ICC STAFF	-	-	-	-	10.03 CRISIS INTERVENTION	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
4661	10:OTHER SYS	ICC CASE MGT. START-UP FULL MONTH	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
4662	10:OTHER SYS	ICC CASE MGT. START-UP HALF MONTH	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
4663	10:OTHER SYS	ICC/INPATIENT-FULL MONTH	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
4664	10:OTHER SYS	ICC/INPATIENT-HALF MONTH	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
4700	10:OTHER SYS	RES HAB; STATE; IRA-SUPVD MONTHLY	-	-	-	56	02.01.2 GROUP LIVING, MENTAL HEALTH SERVICES	02 ROUND-THE-CLOCK SERVICES
4701	10:OTHER SYS	RES HAB; STATE; IRA-SUPVD SEMI-MTHLY 1ST HALF	-	-	-	56	02.01.2 GROUP LIVING, MENTAL HEALTH SERVICES	02 ROUND-THE-CLOCK SERVICES
4702	10:OTHER SYS	RES HAB; STATE; IRA-SUPVD SEMI-MTHLY 2ND HALF	-	-	-	56	02.01.2 GROUP LIVING, MENTAL HEALTH SERVICES	02 ROUND-THE-CLOCK SERVICES
4703	10:OTHER SYS	RES HAB; STATE; IRA-SUPRT MONTHLY	-	-	-	56	02.01.2 GROUP LIVING, MENTAL HEALTH SERVICES	02 ROUND-THE-CLOCK SERVICES
4704	10:OTHER SYS	RES HAB; STATE; IRA-SUPRT SEMI-MTHLY 1ST HALF	-	-	-	56	02.01.2 GROUP LIVING, MENTAL HEALTH SERVICES	02 ROUND-THE-CLOCK SERVICES
4705	10:OTHER SYS	RES HAB; STATE; IRA-SUPRT SEMI-MTHLY 2ND HALF	-	-	-	56	02.01.2 GROUP LIVING, MENTAL HEALTH SERVICES	02 ROUND-THE-CLOCK SERVICES
4706	10:OTHER SYS	RES HAB; VOL; IRA-SUPVD MONTHLY	-	-	-	56	02.01.2 GROUP LIVING, MENTAL HEALTH SERVICES	02 ROUND-THE-CLOCK SERVICES
4707	10:OTHER SYS	RES HAB; VOL; IRA-SUPVD SEMI-MNTHLY 1ST HALF	-	-	-	56	02.01.2 GROUP LIVING, MENTAL HEALTH SERVICES	02 ROUND-THE-CLOCK SERVICES

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4708	10:OTHER SYS	RES HAB; VOL; IRA-SUPVD SEMI-MNTHLY 2ND HALF	-	-	-	56	02.01.2 GROUP LIVING, MENTAL HEALTH SERVICES	02 ROUND-THE-CLOCK SERVICES
4709	10:OTHER SYS	RES HAB; VOL; IRA-SUPRT MONTHLY	-	-	-	56	02.01.2 GROUP LIVING, MENTAL HEALTH SERVICES	02 ROUND-THE-CLOCK SERVICES
4710	10:OTHER SYS	RES HAB; VOL; IRA-SUPRT SEMI-MNTHLY 1ST HALF	-	-	-	56	02.01.2 GROUP LIVING, MENTAL HEALTH SERVICES	02 ROUND-THE-CLOCK SERVICES
4711	10:OTHER SYS	RES HAB; VOL; IRA-SUPRT SEMI-MNTHLY 2ND HALF	-	-	-	56	02.01.2 GROUP LIVING, MENTAL HEALTH SERVICES	02 ROUND-THE-CLOCK SERVICES
4712	10:OTHER SYS	RES HAB; STATE; FAMILY CARE MONTHLY	-	-	-	-	02.02.1 SHARED LIVING, RESIDENTIAL HABILITATION	02 ROUND-THE-CLOCK SERVICES
4713	10:OTHER SYS	RES HAB; STATE; FAM CARE SEMI-MTHLY 1ST HALF	-	-	-	-	02.02.1 SHARED LIVING, RESIDENTIAL HABILITATION	02 ROUND-THE-CLOCK SERVICES
4714	10:OTHER SYS	RES HAB; STATE; FAM CARE SEMI-MONTHLY 2ND HALF	-	-	-	-	02.02.1 SHARED LIVING, RESIDENTIAL HABILITATION	02 ROUND-THE-CLOCK SERVICES
4718	10:OTHER SYS	RES HAB-HOME; STATE; INDIV; DIRECT CARE; HRL	-	-	-	12	08.01 HOME-BASED HABILITATION	08 HOME-BASED SERVICES
4719	10:OTHER SYS	RES HAB-HOME; STATE; GROUP; DIRECT CARE; HRL	-	-	-	-	08.01 HOME-BASED HABILITATION	08 HOME-BASED SERVICES
4722	10:OTHER SYS	RES HAB-HOME; VOL; INDIV; DIRECT CARE; HRLY	-	-	-	-	02.03.1 IN-HOME RESIDENTIAL HABILITATION	02 ROUND-THE-CLOCK SERVICES
4723	10:OTHER SYS	RES HAB-HOME; VOL; GROUP; DIRECT CARE; HRLY	-	-	-	-	02.03.1 IN-HOME RESIDENTIAL HABILITATION	02 ROUND-THE-CLOCK SERVICES
4724	10:OTHER SYS	RES HAB-HOME; VOL; INDIV; CLINICAL; HRLY	-	-	-	-	02.03.1 IN-HOME RESIDENTIAL HABILITATION	02 ROUND-THE-CLOCK SERVICES
4725	10:OTHER SYS	RES HAB-HOME; VOL; GROUP; CLINICAL; HRLY	-	-	-	-	02.03.1 IN-HOME RESIDENTIAL HABILITATION	02 ROUND-THE-CLOCK SERVICES
4730	10:OTHER SYS	OMRDD HCBS WAV CONSOLIDATED SUP & SERV	-	-	-	-	12.02 INFORMATION AND ASSISTANCE IN SUPPORT OF PARTICIPANT DIRECTION'	12 SERVICES SUPPORTING PARTICIPANT DIRECTION
4731	10:OTHER SYS	OMRDD HCBS WAV CONSOLIDATED SUP & SERV	-	-	-	-	12.02 INFORMATION AND ASSISTANCE IN SUPPORT OF PARTICIPANT DIRECTION'	12 SERVICES SUPPORTING PARTICIPANT DIRECTION
4732	10:OTHER SYS	OMRDD HCBS WAV CONSOLIDATED SUP & SERV	-	-	-	-	12.02 INFORMATION AND ASSISTANCE IN SUPPORT OF PARTICIPANT DIRECTION'	12 SERVICES SUPPORTING PARTICIPANT DIRECTION
4745	10:OTHER SYS	HCBS - SUPPLEMENTAL GROUP DAY HAB FULL	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
4746	10:OTHER SYS	HCBS - SUPPLEMENTAL GROUP DAY HAB HALF	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
4747	10:OTHER SYS	HCBS - INDIVIDUAL DAY HAB QUARTER HOUR	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
4748	10:OTHER SYS	HCBS - INDIVIDUAL DAY HAB QUARTER HOUR	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
4749	10:OTHER SYS	RESPITE HRLY, 1/4 HR UNIT STATE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
5055	10:OTHER SYS	RESPITE: IN-HOME (CHANNELING)	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
5056	10:OTHER SYS	RESPITE: IN-HOME (CHANNELING)	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
5057	10:OTHER SYS	RESPITE: SNF (CHANNELING)	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
5058	10:OTHER SYS	RESPITE: SNF (CHANNELING)	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
5059	10:OTHER SYS	RESPITE: HRF (CHANNELING)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
5060	10:OTHER SYS	RESPITE: HRF (CHANNELING)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
5061	10:OTHER SYS	RESPITE: ADULT FOSTER CARE (CHANNEL)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
5062	10:OTHER SYS	RESPITE: ADULT FOSTER CARE (CHANNEL)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
9752	10:OTHER SYS	NHTDWVR ASSIST TECH \$1.00	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
9755	10:OTHER SYS	NHTDWVR ASSIST TECH \$1000	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
9757	10:OTHER SYS	NHTDWVR POS BEHAV INTERV & SUP	-	-	-	-	10.04 BEHAVIOR SUPPORT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
9762	10:OTHER SYS	NHTDWVR ENVIRON MOD-\$1.00	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
9763	10:OTHER SYS	NHTDWVR ENVIRON MOD-\$10.00	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
9768	10:OTHER SYS	NHTDWVR NUT CONSUL ED-LEV III	-	-	-	-	11.04 NUTRITION CONSULTATION	11 OTHER HEALTH AND THERAPEUTIC SERVICES
9769	10:OTHER SYS	NHTDWVR HOM RESP CARE-LEV I	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
9770	10:OTHER SYS	NHTDWVR HOM RESP CARE-LEV II	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
9771	10:OTHER SYS	NHTDWVR HOM RESP CARE-LEV III	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
9772	10:OTHER SYS	NHTDWVR RESPITE/DIEM IN HOME	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
9773	10:OTHER SYS	NHTDWVR INIT SRV COORD/TRANS	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
9774	10:OTHER SYS	NHTDWVR INIT SRV COORD/DIVER	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
9775	10:OTHER SYS	NHTDWVR ONGO SVR COORD-LEV I	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
9777	10:OTHER SYS	NHTDWVR STRUCT DAY PROG-LEV I	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
9780	10:OTHER SYS	NHTDWVR PEER MENTOR SRV	-	-	-	-	10.05 PEER SPECIALIST	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
9781	10:OTHER SYS	NHTDWVR CONG/HOME MEALS \$1.00	-	-	-	-	06.01 HOME DELIVERED MEALS	06 HOME DELIVERED MEALS
9785	10:OTHER SYS	NHTDWVR NURSE/ASSESSMT SRV	-	-	-	-	06.01 HOME DELIVERED MEALS	06 HOME DELIVERED MEALS
9787	10:OTHER SYS	NHTDWVR MOV ASS-T PROG \$1.00	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
9795	10:OTHER SYS	NHTDWVR HOME/COM SUPSRV LEV I	-	-	-	-	08.02 HOME HEALTH AIDE	08 HOME-BASED SERVICES
9799	10:OTHER SYS	NHTDWVR HOME/COM SUP-T NURSUPER	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING

NEW YORK: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
9850	10:OTHER SYS	SERVICE COORDINATION, INITIAL	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
9851	10:OTHER SYS	SERVICE COORDINATION, MONTHLY	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
9857	10:OTHER SYS	TBI WAIVER SPEC EQUIP/SUPP \$1000/UNIT FEE	-	-	-	-	UNSPECIFIED	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
9858	10:OTHER SYS	INDP LVNG SKILLS/TRNG/DVLPMT, HOURLY	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
9859	10:OTHER SYS	SUBSTANCE ABUSE PROGRAM, FULL DAY	-	-	-	-	SERVICES	SERVICES
9860	10:OTHER SYS	INTENSIVE BEHAVIOR PROGRAM, HOURLY	-	-	-	-	10.04 BEHAVIOR SUPPORT	SERVICES
9861	10:OTHER SYS	COMM INTEGRATION COUNSELING, HOURLY	-	-	-	-	10.06 COUNSELING	SERVICES
9863	10:OTHER SYS	HOME & COMM SUPPORT SERV, HOURLY	-	-	-	-	04.07 COMMUNITY INTEGRATION	04 DAY SERVICES
9867	10:OTHER SYS	TRANSPORT INDIVIDUAL \$10.00/UNIT FEE	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
9869	10:OTHER SYS	RESPIRE, HOURLY, IN-HOME	-	-	-	-	09.01.2 RESPIRE, IN-HOME	09 CAREGIVER SUPPORT
9870	10:OTHER SYS	TBI WAIVER STRUCT DAY PROGS HALF DAY	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
9874	10:OTHER SYS	TBI WVR ENVIRON MODS \$1000.00/UNIT FEE	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
9875	10:OTHER SYS	TBI WAIVER RESPIRE, PER DIEM, IN-HOME	-	-	-	-	09.01.2 RESPIRE, IN-HOME	09 CAREGIVER SUPPORT
9875	10:OTHER SYS	TBI WAIVER RESPIRE, PER DIEM, IN-HOME	-	-	-	-	09.01.2 RESPIRE, IN-HOME	09 CAREGIVER SUPPORT
9876	10:OTHER SYS	RESPIRE, PER DIEM, HOSPITAL	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
9877	10:OTHER SYS	RESPIRE, PER DIEM, NURSING FACILITY	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
9878	10:OTHER SYS	RESPIRE, PER DIEM, OMRDD APPVD FACILITY	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT

OHIO: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
00655	10:OTHER SYS	INPATIENT RESPITE CARE	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
00660	10:OTHER SYS	RESPITE CARE-GEN CLASS	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
DD460	10:OTHER SYS	OUT OF HOME RESPITE	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
DD464	10:OTHER SYS	RESPITE CARE - LPN - AGENCY	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
DD465	10:OTHER SYS	RESPITE CARE - RN-INDIVIDUAL-GROUP RATE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
DD466	10:OTHER SYS	RESPITE CARE - RN - AGENCY - GROUP RATE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
DD468	10:OTHER SYS	RESPITE CARE - AGENCY - GROUP	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
DD478	10:OTHER SYS	RESPITE CARE (AGENCY)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
DD494	10:OTHER SYS	RESPITE CARE - LPN (AGENCY)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
DD496	10:OTHER SYS	RESPITE CARE - RN (AGENCY)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
DD578	10:OTHER SYS	RESPITE CARE-INDIVIDUAL	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
DD594	10:OTHER SYS	RESPITE CARE-LPN (INDIVIDUAL)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
DD596	10:OTHER SYS	RESPITE CARE-RN (INDIVIDUAL)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
H0045	10:OTHER SYS	RESPITE NOT-IN-HOME PER DIEM	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
IH655	10:OTHER SYS	INPATIENT RESPITE CARE	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
IH659	10:OTHER SYS	RESIDENTAL RESPITE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
MD560	10:OTHER SYS	RESPITE CARE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
MD561	10:OTHER SYS	RESPITE CARE 1:2	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
MD562	10:OTHER SYS	RESPITE CARE 1:3	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
MD563	10:OTHER SYS	RESPITE CARE 1:4	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
MD564	10:OTHER SYS	RESPITE CARE 1:5	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
MD565	10:OTHER SYS	RESPITE CARE 1:6	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
MD566	10:OTHER SYS	RESPITE CARE 1:7	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
MD567	10:OTHER SYS	RESPITE CARE 1:8	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
MD568	10:OTHER SYS	RESPITE CARE 1:9	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
MD569	10:OTHER SYS	RESPITE CARE 1:10	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
MD570	10:OTHER SYS	RESPITE CARE 1:11	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
MD571	10:OTHER SYS	RESPITE CARE 1:12	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
MD572	10:OTHER SYS	RESPITE CARE 1:13	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
MD573	10:OTHER SYS	RESPITE CARE 1:14	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
MD574	10:OTHER SYS	RESPITE CARE 1:15	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
MD575	10:OTHER SYS	RESPITE CARE 1:16	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
MD576	10:OTHER SYS	RESPITE CARE-INSTITUTIONAL	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
MR001	10:OTHER SYS	IO WAIVER 15 MINUTE DAY SVCS ADULT DAY SUPPORT GROUP A-1	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
MR002	10:OTHER SYS	IO WAIVER 15 MINUTE DAY SVCS ADULT DAY SUPPORT GROUP A	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
MR003	10:OTHER SYS	IO WAIVER 15 MINUTE DAY SVCS ADULT DAY SUPPORT GROUP B	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
MR004	10:OTHER SYS	IO WAIVER 15 MINUTE DAY SVCS ADULT DAY SUPPORT GROUP C	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
MR005	10:OTHER SYS	IO WAIVER PER DAY DAY SVCS ADULT DAY SUPPORT GROUP A-1	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
MR006	10:OTHER SYS	GROUP A	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
MR007	10:OTHER SYS	IO WAIVER PER DAY DAY SVCS ADULT DAY SUPPORT GROUP B	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
MR008	10:OTHER SYS	IO WAIVER PER DAY DAY SVCS ADULT DAY SUPPORT GROUP C	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES

OHIO: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
MR009	10:OTHER SYS	L1 WAIVER 15 MINUTE DAY SVCS ADULT DAY SUPPORT GROUP A-1	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
MR010	10:OTHER SYS	L1 WAIVER 15 MINUTE DAY SVCS ADULT DAY SUPPORT GROUP A	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
MR011	10:OTHER SYS	L1 WAIVER 15 MINUTE DAY SVCS ADULT DAY SUPPORT GROUP B	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
MR012	10:OTHER SYS	L1 WAIVER 15 MINUTE DAY SVCS ADULT DAY SUPPORT GROUP C	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
MR013	10:OTHER SYS	L1 WAIVER PER DAY DAY SVCS ADULT DAY SUPPORT GROUP A-1	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
MR014	10:OTHER SYS	L1 WAIVER PER DAY DAY SVCS ADULT DAY SUPPORT GROUP A	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
MR015	10:OTHER SYS	L1 WAIVER PER DAY DAY SVCS ADULT DAY SUPPORT GROUP B	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
MR016	10:OTHER SYS	L1 WAIVER PER DAY DAY SVCS ADULT DAY SUPPORT GROUP C	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
MR017	10:OTHER SYS	VOCATIONAL HABILITATION - 15 MINUTE UNIT GROUP A-1	-	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
MR018	10:OTHER SYS	VOCATIONAL HABILITATION - 15 MINUTE UNIT	-	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
MR019	10:OTHER SYS	VOCATIONAL HABILITATION - 15 MINUTE UNIT	-	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
MR020	10:OTHER SYS	VOCATIONAL HABILITATION - 15 MINUTE UNIT	-	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
MR021	10:OTHER SYS	VOCATIONAL HABILITATION - DAILY UNIT	-	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
MR022	10:OTHER SYS	VOCATIONAL HABILITATION - DAILY UNIT	-	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
MR023	10:OTHER SYS	VOCATIONAL HABILITATION - DAILY UNIT	-	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
MR024	10:OTHER SYS	VOCATIONAL HABILITATION - DAILY UNIT	-	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
MR025	10:OTHER SYS	VOCATIONAL HABILITATION - 15 MINUTE UNIT	-	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
MR026	10:OTHER SYS	VOCATIONAL HABILITATION - 15 MINUTE UNIT	-	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
MR027	10:OTHER SYS	VOCATIONAL HABILITATION - 15 MINUTE UNIT	-	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
MR028	10:OTHER SYS	VOCATIONAL HABILITATION - 15 MINUTE UNIT	-	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
MR029	10:OTHER SYS	VOCATIONAL HABILITATION - 15 MINUTE UNIT	-	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
MR030	10:OTHER SYS	VOCATIONAL HABILITATION - 15 MINUTE UNIT	-	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
MR031	10:OTHER SYS	VOCATIONAL HABILITATION - 15 MINUTE UNIT	-	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
MR032	10:OTHER SYS	VOCATIONAL HABILITATION - 15 MINUTE UNIT	-	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
MR033	10:OTHER SYS	ADULT DAY/VOC HAB COMBO - 15 MINUTE UNIT	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
MR034	10:OTHER SYS	ADULT DAY/VOC HAB COMBO - 15 MINUTE UNIT	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
MR035	10:OTHER SYS	ADULT DAY/VOC HAB COMBO - 15 MINUTE UNIT	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
MR036	10:OTHER SYS	ADULT DAY/VOC HAB COMBO - 15 MINUTE UNIT	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
MR037	10:OTHER SYS	ADULT DAY/VOC HAB COMBO - DAILY UNIT	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
MR038	10:OTHER SYS	ADULT DAY/VOC HAB COMBO - DAILY UNIT	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
MR039	10:OTHER SYS	ADULT DAY/VOC HAB COMBO - DAILY UNIT	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
MR040	10:OTHER SYS	ADULT DAY/VOC HAB COMBO - DAILY UNIT	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
MR041	10:OTHER SYS	ADULT DAY/VOC HAB COMBO - 15 MINUTE UNIT	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
MR042	10:OTHER SYS	ADULT DAY/VOC HAB COMBO - 15 MINUTE UNIT	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
MR043	10:OTHER SYS	ADULT DAY/VOC HAB COMBO - 15 MINUTE UNIT	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
MR044	10:OTHER SYS	ADULT DAY/VOC HAB COMBO - 15 MINUTE UNIT	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
MR045	10:OTHER SYS	ADULT DAY/VOC HAB COMBO - DAILY UNIT	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
MR046	10:OTHER SYS	ADULT DAY/VOC HAB COMBO - DAILY UNIT	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
MR047	10:OTHER SYS	ADULT DAY/VOC HAB COMBO - DAILY UNIT	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
MR048	10:OTHER SYS	ADULT DAY/VOC HAB COMBO - DAILY UNIT	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
MR049	10:OTHER SYS	UNIT	-	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
MR050	10:OTHER SYS	UNIT	-	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
MR051	10:OTHER SYS	UNIT	-	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
MR052	10:OTHER SYS	UNIT	-	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
MR053	10:OTHER SYS	SUPPORTED EMPLOYMENT - ENCLAVE - DAILY UNIT	-	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT

OHIO: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
MR054	10:OTHER SYS	SUPPORTED EMPLOYMENT - ENCLAVE - DAILY UNIT	-	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
MR055	10:OTHER SYS	SUPPORTED EMPLOYMENT - ENCLAVE - DAILY UNIT	-	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
MR056	10:OTHER SYS	SUPPORTED EMPLOYMENT - ENCLAVE - DAILY UNIT	-	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
MR057	10:OTHER SYS	UNIT	-	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
MR058	10:OTHER SYS	UNIT	-	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
MR059	10:OTHER SYS	UNIT	-	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
MR060	10:OTHER SYS	UNIT	-	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
MR061	10:OTHER SYS	SUPPORTED EMPLOYMENT - ENCLAVE - DAILY UNIT	-	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
MR062	10:OTHER SYS	SUPPORTED EMPLOYMENT - ENCLAVE - DAILY UNIT	-	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
MR063	10:OTHER SYS	SUPPORTED EMPLOYMENT - ENCLAVE - DAILY UNIT	-	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
MR064	10:OTHER SYS	SUPPORTED EMPLOYMENT - ENCLAVE - DAILY UNIT	-	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
MR065	10:OTHER SYS	SUPPORTED EMPLOYMENT - COMMUNITY - 15 MINUTE UNIT	-	-	-	-	03.02.1 ONGOING SUPPORTED EMPLOYMENT, INDIVIDUAL	03 SUPPORTED EMPLOYMENT
MR066	10:OTHER SYS	SUPPORTED EMPLOYMENT - COMMUNITY - 15 MINUTE UNIT	-	-	-	-	03.02.1 ONGOING SUPPORTED EMPLOYMENT, INDIVIDUAL	03 SUPPORTED EMPLOYMENT
MR067	10:OTHER SYS	NON-MEDICAL TRANSPORTATION - MILEAGE - 1 PERSON	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
MR068	10:OTHER SYS	NON-MEDICAL TRANSPORTATION - MILEAGE - 1 PERSON	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
MR069	10:OTHER SYS	ELIGIBLE VEHICLE	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
MR070	10:OTHER SYS	NON-MEDICAL TRANSPORTATION - ONE-WAY TRIP - ELIGIBLE VEHICLE	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
MR073	10:Other Sys	ADULT FOSTER CARE AGENCY	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
MR074	10:Other Sys	ADULT FOSTER CARE INDIVIDUAL	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
MR076	10:Other Sys	NON-MEDICAL TRANS TAXI-LIVERY-BUS	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
MR106	10:Other Sys	NON-MEDICAL TRANS TAXI-LIVERY-BUS IO WVR	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
MR107	10:Other Sys	ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
MR405	10:OTHER SYS	HOMEMAKER/PERSONAL CARE-ROUTINE	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
MR478	10:OTHER SYS	RESPIRE CARE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
MR503	10:OTHER SYS	HOME DELIVERED MEALS	-	-	-	-	06.01 HOME DELIVERED MEALS	06 HOME DELIVERED MEALS
MR508	10:OTHER SYS	NUTRITIONAL SERVICES	-	-	-	-	11.04 NUTRITION CONSULTATION	11 OTHER HEALTH AND THERAPEUTIC SERVICES
MR510	10:OTHER SYS	SOCIAL WORK SERVICES	-	-	-	-	10.06 COUNSELING	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
MR514	10:OTHER SYS	INTERPRETER SERVICES	-	-	-	-	17.02 INTERPRETER	17 OTHER
MR540	10:OTHER SYS	HOMEMAKER/PERSONAL CARE	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
MR541	10:OTHER SYS	HOMEMAKER/PERSONAL CARE-ROUTINE	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
MR542	10:OTHER SYS	HOMEMAKER PERSONAL CARE-NIGHT SUPRVISION	-	-	-	-	08.04 COMPANION	08 HOME-BASED SERVICES
MR551	10:OTHER SYS	HOMEMAKER/PERSONAL CARE-RESERVE	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
MR552	10:OTHER SYS	HOMEMAKER PERSONAL CARE - RESERVE	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
MR560	10:OTHER SYS	RESPIRE CARE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
MR561	10:OTHER SYS	RESPIRE CARE 1:2	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
MR562	10:OTHER SYS	RESPIRE CARE 1:3	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
MR563	10:OTHER SYS	RESPIRE CARE 1:4	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
MR564	10:OTHER SYS	RESPIRE CARE 1:5	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
MR565	10:OTHER SYS	RESPIRE CARE 1:6	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
MR566	10:OTHER SYS	RESPIRE CARE 1:7	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
MR567	10:OTHER SYS	RESPIRE CARE 1:8	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
MR568	10:OTHER SYS	RESPIRE CARE 1:9	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
MR569	10:OTHER SYS	RESPIRE CARE 1:10	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
MR570	10:OTHER SYS	RESPIRE CARE 1:11	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
MR571	10:OTHER SYS	RESPIRE CARE 1:12	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
MR572	10:OTHER SYS	RESPIRE CARE 1:13	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
MR573	10:OTHER SYS	RESPIRE CARE 1:14	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
MR574	10:OTHER SYS	RESPIRE CARE 1:15	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
MR575	10:OTHER SYS	RESPIRE CARE 1:16	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
MR576	10:OTHER SYS	RESPIRE CARE-INSTITUTIONAL	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
MR660	10:OTHER SYS	TRANSPORTATION - MILEAGE	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
MR770	10:OTHER SYS	ADAPTIVE/ASSISTIVE EQUIP	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
MR771	10:OTHER SYS	ENVIRONMENTAL MODIFICATIONS	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
MR816	10:OTHER SYS	IOW HOMEMAKER/PERSONAL CARE: STAFF SIZE 2	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
MR817	10:OTHER SYS	IOW HOMEMAKER/PERSONAL CARE: STAFF SIZE 3	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
MR818	10:OTHER SYS	IOW HOMEMAKER/PERSONAL CARE: STAFF SIZE 4	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES

OHIO: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
MR819	10:OTHER SYS	IOW HOMEMAKER/PERSONAL CARE: STAFF SIZE 5	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
MR820	10:OTHER SYS	L1W HOMEMAKER/PERSONAL CARE: STAFF SIZE 2	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
MR821	10:OTHER SYS	L1W HOMEMAKER/PERSONAL CARE: STAFF SIZE 3	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
MR824	10:OTHER SYS	L1W EMERGENCY HOMEMAKER/PERSONAL CARE: STAFF SIZE 2	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
MR825	10:OTHER SYS	L1W EMERGENCY HOMEMAKER/PERSONAL CARE: STAFF SIZE 3	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
MR832	10:OTHER SYS	IOW HOMEMAKER/PERSONAL CARE - ON SITE/ON CALL: STAFF SIZE 2	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
MR833	10:OTHER SYS	IOW HOMEMAKER/PERSONAL CARE- ON SITE/ON CALL: STAFF SIZE 3	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
MR834	10:OTHER SYS	IOW HOMEMAKER/PERSONAL CARE - ON SITE/ON CALL: STAFF SIZE 4	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
MR836	10:OTHER SYS	L1W HOMEMAKER/PERSONAL CARE - ON SITE/ON CALL: STAFF SIZE 2	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
MR901	10:OTHER SYS	INSTITUTIONAL RESPITE-DAY	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
MR902	10:OTHER SYS	INFORMAL RESPITE-DAY	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
MR903	10:OTHER SYS	INFORMAL RESPITE-15 MIN	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
MR918	10:OTHER SYS	INSTITUTIONAL RESPITE (LICENSED)	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
MR920	10:OTHER SYS	INSTITUTIONAL RESPITE - EMER ASSISTANCE - ICF/MR	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
MR931	10:OTHER SYS	INSTITUTIONAL RESPITE	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
MR940	10:OTHER SYS	IOW HMKR OERS CARE, 15 MINUTE UNIT	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
MR941	10:OTHER SYS	IOW TRANSPORTATION, 1 MILE UNIT	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
MR943	10:OTHER SYS	IOW INTERPRETER, 15 MINUTE UNIT	-	-	-	-	17.02 INTERPRETER	17 OTHER
MR944	10:OTHER SYS	IOW NUTRITIONAL, 15 MINUTE UNIT	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
MR945	10:OTHER SYS	IOW INST RESPITE-ICF/MR, 1 DAY UNIT	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
MR946	10:OTHER SYS	IOW INST RESPITE-LIC FAC, 1 DAY UNIT	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
MR947	10:OTHER SYS	IOW SW/COUNSELING, 15 MINUTE UNIT	-	-	-	-	10.06 COUNSELING	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
MR948	10:OTHER SYS	IOW HOME DEL MEALS, 1 MEAL	-	-	-	-	06.01 HOME DELIVERED MEALS	06 HOME DELIVERED MEALS
MR949	10:OTHER SYS	IOW ENVIRON MOD, 1 ITEM	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
MR950	10:OTHER SYS	IOW ADAPT & ASSIST EQUIP, 1 ITEM	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
MR951	10:OTHER SYS	IOW HMKR PERS CARE-OS/OC, 15 MINUTE UNIT	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
MR970	10:OTHER SYS	L1W HMKR PERS CARE, 15 MINUTE UNIT	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
MR971	10:OTHER SYS	L1W TRANSPORTATION, 1 MILE UNIT	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
MR972	10:OTHER SYS	L1W INFORMAL RESPITE, 15 MINUTE UNIT	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
MR973	10:OTHER SYS	L1W INST RESPITE-ICF/MR, 1 DAY UNIT	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
MR974	10:OTHER SYS	L1W INST RESPITE-LIC FAC, 1 DAY UNIT	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
MR975	10:OTHER SYS	L1W ENVIRON ACCESS ADAPT, 1 ITEM	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
MR976	10:OTHER SYS	L1W SPEC MED EQUIP & SUPP, 1 ITEM	-	-	-	-	14.03.9 EQUIPMENT, TECHNOLOGY, AND SUPPLIES, UNSPECIFIED	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
MR977	10:OTHER SYS	PERSONAL EMERGENCY RESPONSE SYSTEMS – INSTALLATION	-	-	-	-	14.01 PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
MR977	10:OTHER SYS	PERSONAL EMERGENCY RESPONSE SYSTEMS – INSTALLATION	-	-	-	-	14.01 PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
MR978	10:OTHER SYS	L1W PERS EMRG RSP SYS-MAINT, 1 ITEM	-	-	-	-	14.01 PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
MR979	10:OTHER SYS	L1W HMKR PERS CARE-OS/OC, 15 MINUTE UNIT	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
MR980	10:OTHER SYS	L1WE HMKR PERS CARE, 15 MINUTE UNIT	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
MR981	10:OTHER SYS	L1WE TRANSPORTATION, 1 MILE UNIT	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
MR982	10:OTHER SYS	L1WE INFORMAL RESPITE, 15 MINUTE UNIT	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
MR983	10:OTHER SYS	L1WE INST RESPITE-ICF/MR, 1 DAY UNIT	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
MR984	10:OTHER SYS	L1WE INST RESPITE-LIC FAC, 1 DAY UNIT	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
MR985	10:OTHER SYS	L1WE ENVIRON ACCESS ADAPT, 1 ITEM	-	-	-	-	14.01 PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
MR986	10:OTHER SYS	L1WE SPEC MED EQUIP & SUPP, 1 ITEM	-	-	-	-	14.03.9 EQUIPMENT, TECHNOLOGY, AND SUPPLIES, UNSPECIFIED	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
MR987	10:OTHER SYS	L1WE PERS EMRG RSP SYS-INSTALL, 1 ITEM	-	-	-	-	14.01 PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
MR989	10:OTHER SYS	L1WE HMKR PERS CARE-OS/OC, 15 MINUTE UNIT	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
OH659	10:OTHER SYS	RESIDENTAL RESPITE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT478	10:OTHER SYS	RESPITE CARE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT

OHIO: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
PT482	10:OTHER SYS	RESPIRE CARE	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT512	10:OTHER SYS	ENHANCED ADULT DAY SERVICE- 15 MINUTES	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
PT514	10:OTHER SYS	INTENSIVE ADULT DAY SERVICE- 15 MINUTES	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
PT516	10:OTHER SYS	ENHANCED ADULT DAY SERVICE	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
PT517	10:OTHER SYS	ENHANCED ADULT DAY SERVICE - HALF DAY	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
PT518	10:OTHER SYS	INTENSIVE ADULT DAY SERVICE	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
PT519	10:OTHER SYS	INTENSIVE ADULT DAY SERVICE - HALF DAY	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
PT523	10:OTHER SYS	ADULT DAY SERVICE TRANS.PER MILE	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
PT524	10:OTHER SYS	ADULT DAY SERVICE ONE WAY TRIP	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
PT525	10:OTHER SYS	ADULT DAY SERVICE ROUND TRIP TRANS	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
PT546	10:OTHER SYS	MEALS: HOME DELIVERED	-	-	-	-	06.01 HOME DELIVERED MEALS	06 HOME DELIVERED MEALS
PT548	10:OTHER SYS	MEALS: SPECIAL	-	-	-	-	06.01 HOME DELIVERED MEALS	06 HOME DELIVERED MEALS
PT570	10:OTHER SYS	HOMEMAKER SERVICE-15 MINUTES	-	-	-	-	08.05 HOMEMAKER	08 HOME-BASED SERVICES
PT592	10:OTHER SYS	CHORE SERVICE: < \$999	-	-	-	-	08.06 CHORE	08 HOME-BASED SERVICES
PT598	10:OTHER SYS	SOCIAL WORK COUNSELING SERVICE-15 MINUTE	-	-	-	-	10.06 COUNSELING	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
PT600	10:OTHER SYS	NUTRITION COUNSELING	-	-	-	-	11.04 NUTRITION CONSULTATION	11 OTHER HEALTH AND THERAPEUTIC SERVICES
PT624	10:OTHER SYS	PERSONAL CARE	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
PT647	10:OTHER SYS	RESPIRE:PCA SURCHARGE	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT648	10:OTHER SYS	RESPIRE: PERSONAL CARE-SECOND ONE	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT649	10:OTHER SYS	RESPIRE: LPN SURCHARGE	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT650	10:OTHER SYS	RESPIRE:PCA-BY COUNTY 1	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT651	10:OTHER SYS	RESPIRE:PCA-BY COUNTY 2	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT652	10:OTHER SYS	RESPIRE:PCA-BY COUNTY 3	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT653	10:OTHER SYS	RESPIRE:PCA-BY COUNTY 4	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT654	10:OTHER SYS	RESPIRE:PCA-BY COUNTY 5	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT655	10:OTHER SYS	RESPIRE:PCA-BY COUNTY 6	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT656	10:OTHER SYS	RESPIRE:PCA-BY COUNTY 7	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT657	10:OTHER SYS	RESPIRE:PCA-BY COUNTY 8	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT658	10:OTHER SYS	RESPIRE:PCA-BY COUNTY 9	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT659	10:OTHER SYS	RESPIRE:PCA-BY COUNTY 10	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT660	10:OTHER SYS	RESPIRE:PCA-BY COUNTY 11	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT661	10:OTHER SYS	RESPIRE:PCA-BY COUNTY 12	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT662	10:OTHER SYS	RESPIRE:PCA-BY COUNTY 13	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT663	10:OTHER SYS	RESPIRE:PCA-BY COUNTY 14	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT664	10:OTHER SYS	RESPIRE:PCA-BY COUNTY 15	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT665	10:OTHER SYS	RESPIRE:PCA-BY COUNTY 16	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT666	10:OTHER SYS	RESPIRE:PCA-BY COUNTY 17	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT667	10:OTHER SYS	RESPIRE:PCA-BY COUNTY 18	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT668	10:OTHER SYS	RESPIRE:PCA-BY COUNTY 19	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT669	10:OTHER SYS	RESPIRE:PCA-BY COUNTY 20	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT672	10:OTHER SYS	HOME MED EQ&SUPP: AMBULATORY-SECOND ONE	-	-	-	-	14.03.9 EQUIPMENT, TECHNOLOGY, AND SUPPLIES, UNSPECIFIED	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
PT673	10:OTHER SYS	HOME MED EQ&SUPP: AMBULATORY- THIRD ONE	-	-	-	-	14.03.9 EQUIPMENT, TECHNOLOGY, AND SUPPLIES, UNSPECIFIED	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
PT674	10:OTHER SYS	HOME MED EQ&SUPP: NON-AMBULATORY-2ND ONE	-	-	-	-	14.03.9 EQUIPMENT, TECHNOLOGY, AND SUPPLIES, UNSPECIFIED	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
PT675	10:OTHER SYS	HOME MED EQ&SUPP: NON-AMBULATORY-3RD ONE	-	-	-	-	14.03.9 EQUIPMENT, TECHNOLOGY, AND SUPPLIES, UNSPECIFIED	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
PT690	10:OTHER SYS	EMER RESP SYSTEM SERVICES RENTAL	-	-	-	-	14.01 PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
PT691	10:OTHER SYS	EMER RESP SYSTEM SERVICES DEVICE	-	-	-	-	14.01 PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
PT722	10:OTHER SYS	HOME MED EQ&SUPP: HYG & DISPOS- 2ND ONE	-	-	-	-	14.03.9 EQUIPMENT, TECHNOLOGY, AND SUPPLIES, UNSPECIFIED	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
PT728	10:OTHER SYS	HOME MED EQ&SUPP: HYG & DISPOS- 3RD ONE	-	-	-	-	14.03.9 EQUIPMENT, TECHNOLOGY, AND SUPPLIES, UNSPECIFIED	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
PT737	10:OTHER SYS	HOME MED EQ & SUPP: EQUIPMENT REPAIR	-	-	-	-	14.03.9 EQUIPMENT, TECHNOLOGY, AND SUPPLIES, UNSPECIFIED	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
PT739	10:OTHER SYS	MINOR HOME MOD: \$1 UNIT	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
PT749	10:OTHER SYS	HOME MED EQ&SUPP: NUTRITION SUPPLMNT&SUPP	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
PT750	10:OTHER SYS	CENTER-BASED ENHANCED ADULT DAY SERVICE	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
PT751	10:OTHER SYS	CTR-BASED ENHANCED ADULT DAY SV-HALF DAY	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES

OHIO: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
PT752	10:OTHER SYS	CTR-BASED ENHANCED ADULT DAY SV-15 MIN	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
PT753	10:OTHER SYS	CTR-BASED INTENSIVE ADULT DAY SERVICE	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
PT757	10:OTHER SYS	ADULT DAY SERVICE ONE WAY TRIP	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
PT758	10:OTHER SYS	ADULT DAY SERVICE ROUND TRIP TRANS	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
PT761	10:OTHER SYS	PERSONAL CARE	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
PT770	10:OTHER SYS	RESPIRE:PCA FLAT RATE 2	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT771	10:OTHER SYS	RESPIRE:PCA-FLAT RATE 3	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT772	10:OTHER SYS	SPECIALIZED MED EQUIP&SUPP: AMBULATORY	-	-	-	-	14.03.9 EQUIPMENT, TECHNOLOGY, AND SUPPLIES, UNSPECIFIED	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
PT773	10:OTHER SYS	SPECIALIZED MED EQUIP&SUP NON-AMBULATORY	-	-	-	-	14.03.9 EQUIPMENT, TECHNOLOGY, AND SUPPLIES, UNSPECIFIED	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
PT774	10:OTHER SYS	SPECIALIZED MED EQUIP&SUPP EQUIP REPAIR	-	-	-	-	14.03.9 EQUIPMENT, TECHNOLOGY, AND SUPPLIES, UNSPECIFIED	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
PT775	10:OTHER SYS	SPEC MED EQUIP&SUPP: HYG & DISPOSABLES	-	-	-	-	14.03.9 EQUIPMENT, TECHNOLOGY, AND SUPPLIES, UNSPECIFIED	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
PT776	10:OTHER SYS	SPEC MED EQUIP&SUP NUTRI SUPPLMNT & SUPP	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
PT777	10:OTHER SYS	MEALS HOME DELIVERED	-	-	-	-	06.01 HOME DELIVERED MEALS	06 HOME DELIVERED MEALS
PT778	10:OTHER SYS	MEALS: SPECIAL	-	-	-	-	06.01 HOME DELIVERED MEALS	06 HOME DELIVERED MEALS
PT778	10:OTHER SYS	MEALS: SPECIAL	-	-	-	-	06.01 HOME DELIVERED MEALS	06 HOME DELIVERED MEALS
PT780	10:OTHER SYS	RESPIRE:CUSTODIAL	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT781	10:OTHER SYS	RESPIRE:CUSTODIAL SURCHAR	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT782	10:OTHER SYS	RESPIRE:CUSTODIAL SECOND	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT783	10:OTHER SYS	RESPIRE:CUST-FLAT RATE 2	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT784	10:OTHER SYS	RESPIRE:CUST-FLAT RATE 3	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT785	10:OTHER SYS	RESPIRE:CUSTODIAL COUNTY #1	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT786	10:OTHER SYS	RESPIRE:CUSTODIAL COUNTY #2	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT787	10:OTHER SYS	RESPIRE:CUSTODIAL COUNTY #3	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT788	10:OTHER SYS	RESPIRE:CUSTODIAL COUNTY #4	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT789	10:OTHER SYS	RESPIRE:CUSTODIAL COUNTY #5	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT790	10:OTHER SYS	RESPIRE:CUSTODIAL COUNTY #6	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT791	10:OTHER SYS	RESPIRE:CUSTODIAL COUNTY #7	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT792	10:OTHER SYS	RESPIRE:CUSTODIAL COUNTY #8	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT793	10:OTHER SYS	RESPIRE:CUSTODIAL COUNTY #9	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT794	10:OTHER SYS	RESPIRE:CUSTODIAL COUNTY #10	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT795	10:OTHER SYS	RESPIRE:CUSTODIAL COUNTY #11	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT797	10:OTHER SYS	RESPIRE:CUSTODIAL COUNTY #12	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT798	10:OTHER SYS	RESPIRE:CUSTODIAL COUNTY #13	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT799	10:OTHER SYS	RESPIRE:CUSTODIAL COUNTY #14	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT801	10:OTHER SYS	RESPIRE:CUSTODIAL COUNTY #16	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT802	10:OTHER SYS	RESPIRE:CUSTODIAL COUNTY #17	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT803	10:OTHER SYS	RESPIRE:CUSTODIAL COUNTY #18	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT804	10:OTHER SYS	RESPIRE:CUSTODIAL COUNTY #19	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
PT805	10:OTHER SYS	PERSONAL EMER RESP SYSTEM SVICES RENTAL	-	-	-	-	14.01 PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
PT807	10:OTHER SYS	ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBLITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
PT808	10:OTHER SYS	10:MISSING	-	-	-	-	99.99.9 UNKNOWN	99 UNKNOWN
PT811	10:OTHER SYS	INDEP LIVING ASSIST: IN PERSON ACTIVITIE	-	-	-	-	08.05 HOMEMAKER	08 HOME-BASED SERVICES
PT812	10:OTHER SYS	INDEP LIVING ASSIST: TRAVEL ATTENDANT	-	-	-	-	08.05 HOMEMAKER	08 HOME-BASED SERVICES
PT813	10:OTHER SYS	INDEP LIVING ASSIST: PHONE ASSISTANCE	-	-	-	-	08.05 HOMEMAKER	08 HOME-BASED SERVICES
PT816	10:OTHER SYS	PASSPORT ERS INSTALLATION	-	-	-	-	14.01 PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
PT818	10:OTHER SYS	PASSPORT TRANSPORTATION ONE WAY	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
PT819	10:OTHER SYS	PASSPORT TRANSPORTATION ROUND TRIP	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
PT820	10:OTHER SYS	PASSPORT COMMUNITY TRANSITION SERVICES	-	-	-	-	16.01 COMMUNITY TRANSITION SERVICES	16 COMMUNITY TRANSITION SERVICES
PT821	10:OTHER SYS	PASSPORT TRANSPORTATION NON EMER RT	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
PT822	10:OTHER SYS	PASSPORT TRANSPORTATION NON EMER ONE WAY	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
PT831	10:OTHER SYS	HOME MED EQ & SUPPLIES: AMBULATORY	-	-	-	-	14.03.9 EQUIPMENT, TECHNOLOGY, AND SUPPLIES, UNSPECIFIED	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
PT832	10:OTHER SYS	HOME MED EQ & SUPPLIES: NON-AMBULATORY	-	-	-	-	14.03.9 EQUIPMENT, TECHNOLOGY, AND SUPPLIES, UNSPECIFIED	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
PT833	10:OTHER SYS	HOME MED EQ & SUPPLIES: HYGIENE & DISPOS	-	-	-	-	14.03.9 EQUIPMENT, TECHNOLOGY, AND SUPPLIES, UNSPECIFIED	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
S0215	01:CPT	NONEMERG	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION

OHIO: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
S5101	01:CPT	ADULT	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
S5102	01:CPT	ADULT	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
S5160	01:CPT	EMER	-	-	-	-	14.01 PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
S5161	01:CPT	EMERGENCY	-	-	-	-	14.01 PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
S5165	01:CPT	HOME	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
S5170	01:CPT	HOME	-	-	-	-	06.01 HOME DELIVERED MEALS	06 HOME DELIVERED MEALS
T1000	01:CPT	PRIVATE	-	-	-	-	05.01 PRIVATE DUTY NURSING	05 NURSING
T1002	01:CPT	RN	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
T1003	01:CPT	LPN/LVN	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
T1019	01:CPT	PERSONAL	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
T2029	01:CPT	SPECIAL	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
T2044	10:OTHER SYS	HOSPICE INPATIENT RESPITE CARE	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
T2046	06:HCPCS	HOSPICE LONG TERM CARE, ROOM AND BOARD ONLY; PER DIEM	-	-	-	-	17.99.9 OTHER	17 OTHER
T2046	06:HCPCS	HOSPICE LONG TERM CARE, ROOM AND BOARD ONLY; PER DIEM	-	-	-	-	17.99.9 OTHER	17 OTHER
T2046	01:CPT	HOSPICE	-	-	-	-	17.99.9 OTHER	17 OTHER
T2046	01:CPT	HOSPICE	-	-	-	-	17.99.9 OTHER	17 OTHER
TT478	10:OTHER SYS	HCBS II RESPITE CARE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
UB655	10:OTHER SYS	HOSPICE-INPATIENT RESPITE CARE	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
UB660	10:OTHER SYS	RESPITE CARE/GENERAL	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
UB661	10:OTHER SYS	RESPITE CARE,HRLY CHGE/SKILLED	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
VV460	10:OTHER SYS	OUT OF HOME RESPITE	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
VV464	10:OTHER SYS	RESPITE CARE - LPN - GENCY - GROUP RATE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
VV466	10:OTHER SYS	RESPITE CARE - RN - AGENCY - GROUP RATE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
VV494	10:OTHER SYS	NURSING RESPITE CARE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
VV496	10:OTHER SYS	NURSING RESPITE CARE-RN	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
VV594	10:OTHER SYS	RESPITE CARE-LPN (INDIVIDUAL)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
VV596	10:OTHER SYS	RESPITE CARE-RN (INDIVIDUAL)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
X0103	10:OTHER SYS	INPATIENT RESPITE CARE	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
Z0478	10:OTHER SYS	RESPITE CARE, WAIVER ONLY	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
Z0494	10:OTHER SYS	NURSING RESPITE CARE LPN	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
Z0496	10:OTHER SYS	NURSING RESPITE CARE RN	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
Z1838	10:OTHER SYS	MACSIS MH PARTIAL HOSPITALIZATION	-	-	-	-	04.04 DAY TREATMENT/PARTIAL HOSPITALIZATION	04 DAY SERVICES
Z8507	10:OTHER SYS	OUT-OF-HOME RESPITE	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
Z9999	10:OTHER SYS	MR/DD CASE MANAGEMENT	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT

OKLAHOMA: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
T1005	06:HCPCS	UNSKILLED IN HOME RESPITE	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
W4025	06:HCPCS	HCBW RESPITE CARE/IN-HOME/INTERMIT SUPERVISION	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
W4026	06:HCPCS	HCBW RESPITE CARE/IN-HOME/CLOSE SUPERVISION	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
W4027	06:HCPCS	HCBW RESPITE CARE/IN-HOME/MAX SUPERVISIOION	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
W4040	06:HCPCS	ADV, CHC, IN HOME RESPITE, PER HOUR	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
W4726	06:HCPCS	DDSD RESPITE CARE - MAXIMUM - IN HOME	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
W4747	06:HCPCS	IN-HOME RESPITE CARE, (HCBS/ADV)	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
W4750	06:HCPCS	ADV/IN-HOME EXTENDED RESPITE CARE 24 HOUR	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
W4755	06:HCPCS	ADV/IN-HOME EXTENDED RESPITE CARE	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
W3103	06:HCPCS	CCP RESPITE CARE- MAXIMUM SUPERVISION	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
W3104	06:HCPCS	CCP RESPITE CARE -CLOSE SUPERVISION	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
W3105	06:HCPCS	CCP RESPITE CARE-INTERMITTENT SUPERVISION	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
W4699	06:HCPCS	DDSD RESPITE CARE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
W3037	06:HCPCS	HCBW RESPITE CARE/INTERMIT SUPV/OUTSIDE	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W3038	06:HCPCS	HCBW RESPITE CARE/CLOSE SUPV/OUTSIDE HOME	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W3039	06:HCPCS	HCBW RESPITE CARE/MAX SUPV/OUTSIDE HOME	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W4748	06:HCPCS	ADV/FACILITY-BASED RESPITE CARE	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W4749	06:HCPCS	FACILITY-BASED EXTENDED RESPITE CARE NUR	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W4759	06:HCPCS	ADV FACILITY-BASED EXTENDED RESPITE CARE	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT

OREGON: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
AF001	10:OTHER SYS	SDSD: ADULT FOSTER CARE SERVICE PAYMENT - NON-RELATIVE	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
AF002	10:OTHER SYS	SDSD: ADULT FOSTER CARE SERVICE PAYMENT - RELATIVE	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
ECC20	06:HCPCS	MHDDSD: ENCOUNTER ONLY; RESPITE CARE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
LF001	10:OTHER SYS	SDSD: ASSISTED LIVING FACILITY SERVICE PAYMENT	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
MFC01	10:OTHER SYS	SDSD: MEDICALLY FRAGILE CHILDREN: RN HOURLY RATE	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
MFC02	10:OTHER SYS	SDSD: MEDICALLY FRAGILE CHILDREN: ADL AID HOURLY RATE	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
MFC03	10:OTHER SYS	SDSD: MEDICALLY FRAGILE CHILDREN: DAILY CONTRACT	-	-	-	-	04.08 MEDICAL DAY CARE FOR CHILDREN	04 DAY SERVICES
MH001	06:HCPCS	MHDDSD: AFH PERSONAL CARE - DD NONRELATIVE	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
MH002	10:OTHER SYS	MHDDSD: AFH PERSONAL CARE - MED NONRELATIVE	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
OA111	10:OTHER SYS	SDSD: PERSONAL CARE AIDE TITLE XIX IN-HOME SERVICES	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
OC111	06:HCPCS	IN HOME CARE - HOURLY	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
OC112	10:OTHER SYS	SDSD: COMPANION LIVE-IN SSBG	-	-	-	-	08.04 COMPANION	08 HOME-BASED SERVICES
OC115	06:HCPCS	SDSD: RESPITE COMPANION IN-HOME SERVICES	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
OF222	10:OTHER SYS	SDSD: LARGE MEALS TITLE XX IN-HOME SERVICES (HOME DELIVERED MEALS)	-	-	-	-	06.01 HOME DELIVERED MEALS	06 HOME DELIVERED MEALS
OH111	06:HCPCS	IN HOME CARE, AGENCY, HOME CARE	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
OH112	10:OTHER SYS	SDSD: ADULT DAY CARE - FULLTIME	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
OH113	10:OTHER SYS	ADULT DAY SERVICES (FULL DAY)	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
OH113	10:OTHER SYS	ADULT DAY SERVICES (FULL DAY)	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
ON111	10:OTHER SYS	OMAP: PERSONAL CARE TITLE XIX IN-HOME SERVICES	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
OR507	10:OTHER SYS	RESPITE CARE, DAILY	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
OR508	06:HCPCS	RESPITE CARE SERVICES, HOURLY	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
OR510	06:HCPCS	HOMEMAKER SERVICE, NOS	-	-	-	-	08.05 HOMEMAKER	08 HOME-BASED SERVICES
OT111	06:HCPCS	SERVICE RELATED TRANSPORTATION, MILEAGE	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
PCA11	10:OTHER SYS	SDSD: TITLE XIX PERSONAL CARE AIDE - HOURLY	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
RC001	06:HCPCS	SDSD: RESIDENTIAL CARE FACILITY SERVICE PAYMENT	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
S5165	06:HCPCS	HOME MODIFICATIONS; PER SERVICE	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
SIC01	06:HCPCS	SDSD: IN-HOME CAPITATION -HAP (IC) PUBLIC HOUSING	-	-	-	-	02.03.3 IN-HOME ROUND-THE-CLOCK SERVICES, OTHER	02 ROUND-THE-CLOCK SERVICES
SL001	10:OTHER SYS	SDSD: SPECIALIZED LIVING SERVICE PAYMENT	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
SP111	10:OTHER SYS	SDSD: SPOUSAL PAY PROVIDER FOR IN-HOME SERVICES	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
SRX01	06:HCPCS	RATES (RX)	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
SSU01	06:HCPCS	SDSD: SPECIALIZED LIVING FACILITY - HUD (SU) SUBSIDIZED HOUSING	-	-	-	-	02.03.3 IN-HOME ROUND-THE-CLOCK SERVICES, OTHER	02 ROUND-THE-CLOCK SERVICES
TU111	10:OTHER SYS	HOMECARE WORKER LEAVE TIME USED	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES

PENNSYLVANIA: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
88UB0114	88:UNKNOWN	PRIVATE MEDICAL OR GENERAL-PSYCHIATRIC	-	-	-	-	02.01.2 GROUP LIVING, MENTAL HEALTH SERVICES	02 ROUND-THE-CLOCK SERVICES
88UB0116	88:UNKNOWN	PRIVATE MEDICAL OR GENERAL-DETOXIFICATION	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
88UB0116	88:UNKNOWN	PRIVATE MEDICAL OR GENERAL-DETOXIFICATION	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
88UB0124	88:UNKNOWN	SEMI-PRIVATE 2 BED (MEDICAL OR GENERAL)-PSYCHIATRIC	-	-	-	-	02.01.2 GROUP LIVING, MENTAL HEALTH SERVICES	02 ROUND-THE-CLOCK SERVICES
88UB0134	88:UNKNOWN	SEMI-PRIVATE 3 AND 4 BEDS-PSYCHIATRIC	-	-	-	-	02.01.2 GROUP LIVING, MENTAL HEALTH SERVICES	02 ROUND-THE-CLOCK SERVICES
88UB0136	88:UNKNOWN	SEMI-PRIVATE 3 AND 4 BEDS-DETOXIFICATION	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
88UB0144	88:UNKNOWN	PRIVATE (DELUXE)-PSYCHIATRIC	-	-	-	-	02.01.2 GROUP LIVING, MENTAL HEALTH SERVICES	02 ROUND-THE-CLOCK SERVICES
88UB0146	88:UNKNOWN	PRIVATE (DELUXE)-DETOXIFICATION	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
88UB0154	88:UNKNOWN	ROOM&BOARD WARD (MEDICAL OR GENERAL)-PSYCHIATRIC	-	-	-	-	02.01.2 GROUP LIVING, MENTAL HEALTH SERVICES	02 ROUND-THE-CLOCK SERVICES
88UB0154	88:UNKNOWN	ROOM&BOARD WARD (MEDICAL OR GENERAL)-PSYCHIATRIC	-	-	-	-	02.01.2 GROUP LIVING, MENTAL HEALTH SERVICES	02 ROUND-THE-CLOCK SERVICES
88UB0156	88:UNKNOWN	ROOM&BOARD WARD (MEDICAL OR GENERAL)-DETOXIFICATION	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
88UB0156	88:UNKNOWN	ROOM&BOARD WARD (MEDICAL OR GENERAL)-DETOXIFICATION	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
88UB0204	88:UNKNOWN	INTENSIVE CARE-PSYCHIATRIC	-	-	-	-	02.01.2 GROUP LIVING, MENTAL HEALTH SERVICES	02 ROUND-THE-CLOCK SERVICES
T1017	06:HCPCS	CASE MANAGEMENT	-	31:TCM	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
T2016	06:HCPCS	OTHER - HOME HEALTH CARE	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
W0020	06:HCPCS	BRIEF EXAM,2 OR >,SAME FACILITY,PER PT.(INITIAL OR SUBSEQUENT CARE)	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
W0021	06:HCPCS	SPECIAL INSTRUCTION - VISION	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
W0022	06:HCPCS	EVALUATION-SPECIAL INSTRUCTIO-HEARING	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
W0023	06:HCPCS	SPECIAL INSTRUCTION - HEARING	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
W0026	06:HCPCS	ADMIN SERVICE FEE CHARGED WHEN OHCD PROVIDES A SERVICE DIRECTLY RELATED TO DELIVERY OF TRANSPORTATION OR RESPITE CAMP ONE-TIME VENDOR SERVICES FOR INDIVIDUAL NOT SELF-DIRECTING. BILLED AS MONTHLY FEE/THE LESSER OF \$25.00 OR 15% PER TRANSACTION	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
W0027	06:HCPCS	ADMINISTRATIVE FEE	-	-	-	-	17.99.9 OTHER	17 OTHER
W0604	06:HCPCS	INPATIENT RESPITE CARE	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W0616	06:HCPCS	ATTENDING PHYSICIAN DIRECT CARE-INPT RESPITE CARE	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W1700	06:HCPCS	PERSONAL CARE IN HOME SUPERVIS RN 1/4HR UNIT OF SERVICE - 1/4 HOUR	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
W1701	06:HCPCS	A GENERIC CODE FOR PERSONAL CARE SERVICES PROVIDED IN A CONSUMER'S HOME	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
W1702	06:HCPCS	RESPITE SERVICE IN HOME < 24 HOURS-1/4HRUNIT OF SERVICE - 1/4 HOUR	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
W1703	06:HCPCS	A GENERIC CODE FOR RESPITE SERVICES PROVIDED IN A CONSUMER'S HOME TO RELIEVE FAMILY MEMBERS OR PRIMARY CAREGIVERS	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
W1704	06:HCPCS	RESPITE SERVICE IN LTC FACILITY-24 HOURSUNIT OF SERVICE - 24 HOURS	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W1705	06:HCPCS	RESPITE SERV APPROV FACIL FOST HOME 24HUNIT OF SERVICE -24- HOURS	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W1707	06:HCPCS	OTHER - TRANSPORTATION	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
W1709	06:HCPCS	OTHER - TRANSPORTATION	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
W1712	06:HCPCS	GENERIC CODE FOR TRANSPORTATION TO BE USED WHEN NONE OF THE CODES LISTED ABOVE ARE APPROPRIATE.	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
W1718	06:HCPCS	PERSONAL EMERG RESP SYSTM,1 TIME INSTALLUNIT OF SERVICE - ONE TIME INSTALLATION	-	-	-	-	14.01 PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W1720	06:HCPCS	OTHER - PERSONAL EMERGENCY RESPONSE SYSTEM GENERIC (PERS) CODE INCLUDES RPR,MAINT, OR REPLACE AS WELL AS UPGRADING SYSTEMS	-	-	-	-	14.01 PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W1722	06:HCPCS	COMPANION SERV ACCORD W/THERAP GOAL,1/4HUNITS OF SERVICE - 1/4 HOUR	-	-	-	-	14.01 PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W1723	06:HCPCS	GOAL,1/4HUNITS OF SERVICE - 1/4 HOUR	-	-	-	-	08.04 COMPANION	08 HOME-BASED SERVICES

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W1725	06:HCPCS	COMPANION SERV (LVL 1): INDIV IN PRIVATE RESID. LIMITED TO SUPERVISION/MIN ASST THAT FOCUSES SOLELY ON ADULTS WITH MR HEALTH AND SAFETY. STAFF-TO-INDIV RATIO OF NO LESS THAN <1:6 TO 1:3.5. 15 MIN UNIT	-	-	-	-	08.04 COMPANION	08 HOME-BASED SERVICES
W1726	06:HCPCS	COMPANION SERV (LVL 2): INDIV IN PRIVATE RESID. LIMITED TO SUPERVISION/MIN ASST THAT FOCUSES SOLELY ON ADULTS WITH MR HEALTH AND SAFETY. STAFF-TO-INDIV RATIO OF NO LESS THAN <1:3.5 TO >1:1. 15 MIN UNIT	-	-	-	-	08.04 COMPANION	08 HOME-BASED SERVICES
W1727	06:HCPCS	COMPANION SERV (LVL 3): INDIV IN PRIVATE RESID. LIMITED TO SUPERVISION/MIN ASST THAT FOCUSES SOLELY ON ADULTS WITH MR HEALTH AND SAFETY. STAFF-TO-INDIV RATIO OF 1:1. 15 MIN UNIT	-	-	-	-	08.04 COMPANION	08 HOME-BASED SERVICES
W1729	06:HCPCS	HOMEMAKER SERVICES	-	-	-	-	08.05 HOMEMAKER	08 HOME-BASED SERVICES
W1732	06:HCPCS	HOMEMAKER SERVICES	-	-	-	-	08.05 HOMEMAKER	08 HOME-BASED SERVICES
W1733	06:HCPCS	FOLLOW - UP EXTERMINATION. UNIT OF SERVICE - VISIT	-	-	-	-	16.01 COMMUNITY TRANSITION SERVICES	16 COMMUNITY TRANSITION SERVICES
W1756	06:HCPCS	MAJOR HOME REPAIRS BASED ON CARE PLAN UNIT OF SERVICE - MAJOR REPAIR	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W1757	06:HCPCS	ADAPTATIONS BASED ON CARE PLAN UNIT OF SERVICE - ADAPTATIONS	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W1758	06:HCPCS	GENERIC ENVIRONMENTAL MODIFICATIONS UNIT OF SERVICE - MODIFICATIONS	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W1759	06:HCPCS	HOT ENTREE UNIT OF SERVICE - ONE MEAL	-	-	-	-	06.01 HOME DELIVERED MEALS	06 HOME DELIVERED MEALS
W1760	06:HCPCS	FROZEN ENTREE UNIT OF SERVICE - ONE MEAL	-	-	-	-	06.01 HOME DELIVERED MEALS	06 HOME DELIVERED MEALS
W1761	06:HCPCS	OTHER - HOME DELIVERED MEALS	-	-	-	-	06.01 HOME DELIVERED MEALS	06 HOME DELIVERED MEALS
W1762	06:HCPCS	EMERGENCY PACK UNIT OF SERVICE	-	-	-	-	06.01 HOME DELIVERED MEALS	06 HOME DELIVERED MEALS
W1764	06:HCPCS	GENERIC CODE FOR A "SPECIAL" MEAL UNIT OF SERVICE - ONE MEAL	-	-	-	-	06.01 HOME DELIVERED MEALS	06 HOME DELIVERED MEALS
W1792	06:HCPCS	ATTENDANT CARE - COMBINATION OPTION	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
W1793	06:HCPCS	ATTENDANT CARE - AGENCY OPTION	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
W1794	06:HCPCS	ATTENDANT CARE - COORDINATION	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
W1854	06:HCPCS	ATTENDANT COST, NON-EMERG. TRANSPORT, 1 WAY UNIT OF SERVICE - ONE WAY RIDE	-	-	-	-	04.07 COMMUNITY INTEGRATION	04 DAY SERVICES
W1862	06:HCPCS	GROUP RATE FOR TRANSPORTATION SERVICES FOR AN INDIVIDUAL CONSUMER AGED 65 OR OLDER THAT ARE NON - EMERGENCY SERVICES	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
W1864	06:HCPCS	GROUP RATE FOR TRANSPORTATION SERVICES FOR AN INDIVIDUAL CONSUMER AGED 65 AND OLDER AND HIS OR HER ESCORT. THESE ARE NON - EMERGENCY	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
W1877	06:HCPCS	CASE MANAGEMENT	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
W1879	06:HCPCS	RESPIRE SERVICES FOR INDEPENDENCE	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
W1880	06:HCPCS	ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W1894	06:HCPCS	OTHER - PERSONAL EMERGENCY RESPONSE SYSTEM	-	-	-	-	14.01 PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W1895	06:HCPCS	OTHER - PERSONAL EMERGENCY RESPONSE SYSTEM	-	-	-	-	14.01 PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W1897	06:HCPCS	MINOR PHYSICAL ADAPTATIONS \$100 OR LESS (OBRA)	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W1899	06:HCPCS	ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS \$100 OR LESS (INDEPENDENCE)	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W1900	06:HCPCS	OTHER - IND BUDGET FOR C&C	-	-	-	-	12.02 INFORMATION AND ASSISTANCE IN SUPPORT OF PARTICIPANT DIRECTION	12 SERVICES SUPPORTING PARTICIPANT DIRECTION
W1901	06:HCPCS	OTHER - SERVICES GOODS	-	-	-	-	17.01 GOODS AND SERVICES	17 OTHER
W2024	06:HCPCS	TELECARE EQUIPMENT INSTALLATION AND REMOVAL	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W2025	06:HCPCS	TELECARE EQUIPMENT INSTALLATION AND REMOVAL WITH TRAINING	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W4405	06:HCPCS	BEHAVIORAL SUPPORT	-	-	-	-	10.04 BEHAVIOR SUPPORT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
W4407	06:HCPCS	PARENTERAL NUTRITION SOLUTION - 1.3 TO 1.7 LITERS	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W6042	06:HCPCS	NIGHT SUPERVISION (WEEKDAYS)	-	-	-	-	08.04 COMPANION	08 HOME-BASED SERVICES

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W6043	06:HCPCS	NIGHT SUPERVISION (WEEKENDS)	-	-	-	-	08.04 COMPANION	08 HOME-BASED SERVICES
W6062	06:HCPCS	RESPIRE – UNLICENSED OUT-OF-HOME, 24 HOURS, THE INELIGIBLE (ROOM AND BOARD) COST PORTION OF THE UNLICENSED OUT-OF-HOME RESPIRE SERVICE PROVIDED AT A STAFF-TO-INDIVIDUAL RATIO RANGE OF 1:1.	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W6062	06:HCPCS	RESPIRE-UNLIC OUT-OF-HOME 24 HRS (INELIG) (LVL 2). INELIGIBLE (ROOM AND BOARD) PORTION OF THE UNLICENSED OUT-OF-HOME RESPIRE SERVICE. STAFF-INDIV RATIO 1:1. 1 DAY UNIT	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W6068	06:HCPCS	RESPIRE-UNLIC OUT-OF-HOME 15 MINS (INELIG) (LEVEL 2). THE INELIGIBLE (ROOM AND BOARD) PORTION OF THE UNLICENSED OUT-OF-HOME RESPIRE SERVICE PROVIDED AT A STAFF-TO-INDIVIDUAL RATIO RANGE OF 1:1. THE BILLING UNIT IS 15 MINUTES.	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W6072	06:HCPCS	ENHANCED OLDER ADULT DAILY LIVING SERVICES, FULL DAY	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
W6089	06:HCPCS	INCONTINENCE SUPPLIES NOT AVAILABLE THROUGH THE STATE PLAN OR PRIVATE INSURANCE, LIMITED TO DIAPERS, INCONTINENCE PADS, CLEANSING WIPES, UNDERPADS, AND VINYL OR LATEX GLOVES.	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W6089	06:HCPCS	INCONTINENCE SUPPLIES NOT AVAIL THROUGH STATE PLAN/PRIVATE INSURANCE. ADULT DIAPERS, INCONTINENCE PADS, CLEANSING WIPES, UNDERPADS, VINYL/LATEX GLOVES ONLY. \$500 LIMIT PER INDIVIDUAL PER FISCAL YEAR. OUTCOME BASED UNIT.	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W6090	06:HCPCS	LICENSED RESIDENTIAL HABILITATION—COMMUNITY HOMES. THE ELIGIBLE PORTION OF THE LICENSED COMMUNITY HOME SERVICES PROVIDED IN A ONE-INDIVIDUAL HOME.	-	-	-	-	02.03.2 IN-HOME ROUND-THE-CLOCK MENTAL HEALTH SERVICES	02 ROUND-THE-CLOCK SERVICES
W6092	06:HCPCS	COMMUNITY TWO-INDIVIDUAL HOME (6400 ELIGIBLE). THE ELIGIBLE PORTION OF THE LICENSED COMMUNITY HOME RESIDENTIAL SERVICES PROVIDED IN A TWO-INDIVIDUAL HOME. BILLING UNIT IS 1-DAY.	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
W6093	06:HCPCS	COMMUNITY 2-INDIV HOME 6400 INEL.-PORTION-LICENSED HOME. INELIGIBLE PORTION (ROOM AND BOARD) OF THE LICENSED COMMUNITY HOME RESIDENTIAL SERVICES PROVIDED IN A 2-INDIVIDUAL HOME. BILLING UNIT IS 1-DAY.	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
W6094	06:HCPCS	COMMUNITY THREE-INDIVIDUAL HOME (6400 ELIGIBLE). THE ELIGIBLE PORTION OF THE LICENSED COMMUNITY HOME RESIDENTIAL SERVICES PROVIDED IN A THREE-INDIVIDUAL HOME. BILLING UNIT IS 1-DAY.	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
W6095	06:HCPCS	CMTY 3-INDIV HOME 6400 INEL.-PORTION-LICENSED HOME. INELIGIBLE PORTION (ROOM AND BOARD) OF THE LICENSED COMMUNITY HOME RESIDENTIAL SERVICES PROVIDED IN A 3-INDIVIDUAL HOME. BILLING UNIT IS 1-DAY.	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
W6096	06:HCPCS	COMMUNITY FOUR-INDIVIDUAL HOME (6400 ELIGIBLE). THE ELIGIBLE PORTION OF THE LICENSED COMMUNITY HOME RESIDENTIAL SERVICES PROVIDED IN A FOUR-INDIVIDUAL HOME. BILLING UNIT IS 1-DAY.	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
W6097	06:HCPCS	CMTY 4-INDIV HOME 6400 INEL.-PORTION-LICENSED HOME. INELIGIBLE PORTION (ROOM AND BOARD) OF THE LICENSED COMMUNITY HOME RESIDENTIAL SERVICES PROVIDED IN A 4-INDIVIDUAL HOME. BILLING UNIT IS 1-DAY.	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
W6098	06:HCPCS	COMMUNITY FIVE-TO-EIGHT-INDIVIDUAL HOME (6400 ELIGIBLE). THE ELIGIBLE PORTION OF THE LICENSED COMMUNITY HOME SERVICES PROVIDED IN A FIVE-TO-EIGHT-INDIVIDUAL HOME. BILLING UNIT IS 1 DAY.	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES

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W6099	06:HCPCS	COMMUNITY FIVE-TO-EIGHT-INDIVIDUAL HOME (6400 INELIGIBLE) PORTION LICENSED HOME. INELIGIBLE PORTION (ROOM AND BOARD) OF THE LICENSED COMMUNITY HOME RESIDENTIAL SERVICES PROVIDED IN A FIVE-TO-EIGHT-INDIVIDUAL HOME. BILLING UNIT IS 1 DAY.	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
W6100	06:HCPCS	CASE MANAGEMENT	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
W6105	06:HCPCS	EDUCATIONAL SERVICES	-	-	-	-	04.03 EDUCATION SERVICES	04 DAY SERVICES
W6106	06:HCPCS	OUT-OF-HOME HABILITATION SERVICES - SUPPORTED EMPLOYMENT.	-	-	-	-	03.02.9 ONGOING SUPPORTED EMPLOYMENT, UNSPECIFIED	03 SUPPORTED EMPLOYMENT
W6107	06:HCPCS	OUT-OF-HOME HABILITATION SERVICES - PRE-VOCATIONAL SERVICES.	-	-	-	-	04.01 PREVOCATIONAL SERVICES	04 DAY SERVICES
W6108	06:HCPCS	RESPIRE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
W6110	06:HCPCS	OTHER SERVICES - TRANSPORTATION	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
W6111	06:HCPCS	MINOR PHYSICAL ADAPTATIONS (OVER \$100)	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W7008	06:HCPCS	ACCESSIBILITY ADAPTATIONS <\$6,000	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W7009	06:HCPCS	ENVIRONMENTAL MODIFICATIONS (OVER \$100)	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W7010	06:HCPCS	CHILD RESIDENTIAL ONE-INDIVIDUAL HOME (3800 ELIGIBLE). THE ELIGIBLE PORTION OF THE CHILD RESIDENTIAL SERVICES PROVIDED IN A ONE-INDIVIDUAL HOME. THE BILLING UNIT IS A 1-DAY UNIT.	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
W7012	06:HCPCS	CHILD RESIDENTIAL TWO-INDIVIDUAL HOME (3800 ELIGIBLE). THE ELIGIBLE PORTION OF THE CHILD RESIDENTIAL SERVICES PROVIDED IN A TWO-INDIVIDUAL HOME. THE BILLING UNIT IS A 1-DAY UNIT	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
W7014	06:HCPCS	CHILD RESIDENTIAL THREE-INDIVIDUAL HOME (3800 ELIGIBLE). THE ELIGIBLE PORTION OF THE CHILD RESIDENTIAL SERVICES PROVIDED IN A THREE-INDIVIDUAL HOME. THE BILLING UNIT IS A 1-DAY UNIT.	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
W7016	06:HCPCS	CHILD RESIDENTIAL FOUR-INDIVIDUAL HOME (3800 ELIGIBLE). THE ELIGIBLE PORTION OF THE CHILD RESIDENTIAL SERVICES PROVIDED IN A FOUR-INDIVIDUAL HOME. THE BILLING UNIT IS A 1-DAY UNIT.	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
W7018	06:HCPCS	CHILD RESIDENTIAL FIVE-TO-EIGHT-INDIVIDUAL HOME (3800 ELIGIBLE). THE ELIGIBLE PORTION OF THE CHILD RESIDENTIAL SERVICES PROVIDED IN A FIVE-TO-EIGHT-INDIVIDUAL HOME. THE BILLING UNIT IS A 1-DAY UNIT.	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
W7020	06:HCPCS	COMMUNITY RESIDENTIAL REHABILITATION ONE-INDIVIDUAL HOME (5310 ELIGIBLE). THE ELIGIBLE PORTION OF THE COMMUNITY RESIDENTIAL REHABILITATION SERVICES PROVIDED IN A ONE-INDIVIDUAL HOME. THE BILLING UNIT IS 1 DAY.	-	-	-	-	02.03.3 IN-HOME ROUND-THE-CLOCK SERVICES, OTHER	02 ROUND-THE-CLOCK SERVICES
W7022	06:HCPCS	COMMUNITY RESIDENTIAL REHABILITATION TWO-INDIVIDUAL HOME (5310 ELIGIBLE). THE ELIGIBLE PORTION OF THE COMMUNITY RESIDENTIAL REHABILITATION SERVICES PROVIDED IN A TWO-INDIVIDUAL HOME. THE BILLING UNIT IS 1 DAY.	-	-	-	-	02.01.1 GROUP LIVING, RESIDENTIAL HABILITATION	02 ROUND-THE-CLOCK SERVICES
W7024	06:HCPCS	COMMUNITY RESIDENTIAL REHABILITATION THREE-INDIVIDUAL HOME (5310 ELIGIBLE). THE ELIGIBLE PORTION OF THE COMMUNITY RESIDENTIAL REHABILITATION SERVICES PROVIDED IN A THREE-INDIVIDUAL HOME. THE BILLING UNIT IS 1 DAY.	-	-	-	-	02.01.1 GROUP LIVING, RESIDENTIAL HABILITATION	02 ROUND-THE-CLOCK SERVICES
W7025	06:HCPCS	COMM RESID REHAB 3-INDIV HOME	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
W7026	06:HCPCS	COMMUNITY RESIDENTIAL REHABILITATION FOUR-INDIVIDUAL HOME (5310 ELIGIBLE). THE ELIGIBLE PORTION OF THE COMMUNITY RESIDENTIAL REHABILITATION SERVICES PROVIDED IN A FOUR-INDIVIDUAL HOME. THE BILLING UNIT IS 1 DAY.	-	-	-	-	02.01.1 GROUP LIVING, RESIDENTIAL HABILITATION	02 ROUND-THE-CLOCK SERVICES
W7027	06:HCPCS	COMM RESID REHAB 4-INDIV HOME	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES

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W7028	06:HCPCS	COMMUNITY RESIDENTIAL REHABILITATION FIVE-TO-EIGHT-INDIVIDUAL HOME (5310 ELIGIBLE). THE ELIGIBLE PORTION OF THE COMMUNITY RESIDENTIAL REHABILITATION SERVICES PROVIDED IN A FIVE-TO-EIGHT-INDIVIDUAL HOME. THE BILLING UNIT IS 1 DAY.	-	-	-	-	02.01.1 GROUP LIVING, RESIDENTIAL HABILITATION	02 ROUND-THE-CLOCK SERVICES
W7030	06:HCPCS	PERMANENT VACANCY, INELIGIBLE. THE COSTS OF THE INELIGIBLE PORTION OF PERMANENT VACANCIES IN RESIDENTIAL HABILITATION SERVICE LOCATIONS, AS PER ODP'S VACANCY MANAGEMENT POLICY.	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
W7033	06:HCPCS	OTHER - TRANSPORTATION	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
W7035	06:HCPCS	COMMUNITY HABILITATION 2380 LEVEL 4: STAFF-TO-INDIV RATIO OF 2:1. SUPERVISION, TRAINING, SUPPORT IN SELF-CARE, COMMUNICATION, COMMUNITY PARTICIPATION, SOCIALIZATION. TRANSPORTATION AS AN INTEGRAL COMPONENT INCLUDED-15 MIN UNIT	-	-	-	-	04.07 COMMUNITY INTEGRATION	04 DAY SERVICES
W7037	06:HCPCS	RESIDENTIAL HABILITATION-UNLICENSED ONE-INDIVIDUAL FAMILY LIVING HOME, ELIGIBLE. THE ELIGIBLE PORTION OF THE UNLICENSED FAMILY LIVING PROVIDED IN A ONE-INDIVIDUAL HOME. BILLING UNIT IS A DAY UNIT.	-	-	-	-	02.02.1 SHARED LIVING, RESIDENTIAL HABILITATION	02 ROUND-THE-CLOCK SERVICES
W7038	06:HCPCS	RESIDENTIAL HABILITATION-UNLICENSED ONE-INDIVIDUAL FAMILY LIVING HOME, INELIGIBLE. THE INELIGIBLE PORTION (ROOM AND BOARD) OF THE UNLICENSED FAMILY LIVING PROVIDED IN A ONE-INDIVIDUAL HOME. BILLING UNIT IS A DAY UNIT.	-	-	-	-	02.02.1 SHARED LIVING, RESIDENTIAL HABILITATION	02 ROUND-THE-CLOCK SERVICES
W7039	06:HCPCS	RESIDENTIAL HABILITATION-UNLICENSED TWO-INDIVIDUAL FAMILY LIVING HOME, ELIGIBLE. THE ELIGIBLE PORTION OF THE UNLICENSED FAMILY LIVING PROVIDED IN A TWO-INDIVIDUAL HOME. BILLING UNIT IS A DAY UNIT.	-	-	-	-	02.02.1 SHARED LIVING, RESIDENTIAL HABILITATION	02 ROUND-THE-CLOCK SERVICES
W7056	06:HCPCS	PERMANENT VACANCY FOR RESIDENTIAL SERVICES: THIS CODE IS USED TO BILL FOR PERMANENT VACANCIES IN RESIDENTIAL HABILITATION SETTINGS, AS PER ODP'S VACANCY POLICY. THE BILLING UNIT IS A DAY UNIT.	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
W7057	06:HCPCS	HOME & COMM HAB UNLIC BASIC. ASSIST INDIV TO ACQUIRE, MAINTAIN, IMPROVE SELF-HELP, DOMESTIC, SOCIAL, ADAPTIVE SKILLS TO RESIDE IN COMMUNITY. STAFF TO INDIVIDUAL RATIO OF NO LESS THAN 1:6. 15 MINUTE UNIT	-	-	-	-	99.99.9 UNKNOWN	99 UNKNOWN
W7058	06:HCPCS	HOME/COMM HAB UNLIC LEVEL 1. ASSIST INDIV TO ACQUIRE, MAINTAIN, IMPROVE SELF-HELP, DOMESTIC, SOCIAL, ADAPTIVE SKILLS TO RESIDE IN COMMUNITY. STAFF TO INDIVIDUAL RATIO <1:6 TO 1:3.5. 15 MINUTE UNIT.	-	-	-	-	99.99.9 UNKNOWN	99 UNKNOWN
W7059	06:HCPCS	HOME/COMM HAB UNLIC LEVEL 2. ASSIST INDIV TO ACQUIRE, MAINTAIN, IMPROVE SELF-HELP, DOMESTIC, SOCIAL, ADAPTIVE SKILLS TO RESIDE IN COMMUNITY. STAFF TO INDIVIDUAL RATIO <1:3.5 TO >1:1. 15 MINUTE UNIT.	-	-	-	-	99.99.9 UNKNOWN	99 UNKNOWN
W7060	06:HCPCS	HOME/COMM HAB UNLIC LEVEL 3. ASSIST INDIV TO ACQUIRE, MAINTAIN, IMPROVE SELF-HELP, DOMESTIC, SOCIAL, ADAPTIVE SKILLS TO RESIDE IN COMMUNITY. STAFF TO INDIVIDUAL RATIO OF 1:1. 15 MINUTE UNIT.	-	-	-	-	99.99.9 UNKNOWN	99 UNKNOWN
W7061	06:HCPCS	HOME & COMM HAB (UNLIC) LEVEL 3 ENH. ASSIST INDIV TO ACQUIRE, MAINTAIN, IMPROVE SELF-HELP, DOMESTIC, SOCIAL, ADAPTIVE SKILLS TO RESIDE IN COMMUNITY. STAFF TO INDIVIDUAL RATIO OF 1:1 WITH A STAFF MEMBER WHO IS LICENSED OR DEGREED. 15 MINUTE UNIT	-	-	-	-	99.99.9 UNKNOWN	99 UNKNOWN

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W7068	06:HCPCS	HOME & COMM HAB (UNLIC) LEVEL 4: ASSIST INDIV TO ACQUIRE, MAINTAIN, IMPROVE SELF-HELP, DOMESTIC, SOCIAL, ADAPTIVE SKILLS TO RESIDE IN COMMUNITY. STAFF TO INDIVIDUAL RATIO OF 2:1. 15 MINUTE UNIT.	-	-	-	-	99.99.9 UNKNOWN	99 UNKNOWN
W7069	06:HCPCS	HOME & COMM HAB (UNLIC) LEVEL 4 ENH. ASSIST INDIV TO ACQUIRE, MAINTAIN, IMPROVE SELF-HELP, DOMESTIC, SOCIAL, ADAPTIVE SKILLS TO RESIDE IN COMMUNITY. STAFF TO INDIVIDUAL RATIO OF 2:1 WITH STAFF MEMBERS WHO ARE LICENSED OR DEGREED. 15 MINUTE UNIT.	-	-	-	-	99.99.9 UNKNOWN	99 UNKNOWN
W7070	06:HCPCS	SUPPLEMENTAL HABILITATION. THE PROVISION OF 1:1 HABILITATION TO SUPPLEMENT THE BASIC RESIDENTIAL SERVICE TO MEET THE SHORT-TERM UNIQUE MEDICAL OR BEHAVIORAL NEEDS OF THE INDIVIDUAL. 12 CONSECUTIVE CALENDAR MONTH LIMIT. BILLING UNIT IS 15 MINUTES.	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
W7072	06:HCPCS	COMMUNITY HABILITATION 2380 BASE: STAFF-TO-INDIV RATIO OF NO LESS THAN 1:6. SUPERVISION, TRAINING, SUPPORT IN SELF-CARE, COMMUNICATION, COMMUNITY PARTICIPATION, SOCIALIZATION. TRANSPORTATION AS AN INTEGRAL COMPONENT INCLUDED-15 MIN UNIT	-	-	-	-	04.07 COMMUNITY INTEGRATION	04 DAY SERVICES
W7073	06:HCPCS	COMMUNITY HABILITATION 2380 LEVEL 1: STAFF-TO-INDIV RATIO OF <1:6 TO >1:3.5. SUPERVISION, TRAINING, SUPPORT IN SELF-CARE, COMMUNICATION, COMMUNITY PARTICIPATION, SOCIALIZATION. TRANSPORTATION AS AN INTEGRAL COMPONENT INCLUDED-15 MIN UNIT	-	-	-	-	04.07 COMMUNITY INTEGRATION	04 DAY SERVICES
W7074	06:HCPCS	COMMUNITY HABILITATION 2380 LEVEL 2: STAFF-TO-INDIV RATIO OF <1:3.5 TO >1:1. SUPERVISION, TRAINING, SUPPORT IN SELF-CARE, COMMUNICATION, COMMUNITY PARTICIPATION, SOCIALIZATION. TRANSPORTATION AS AN INTEGRAL COMPONENT INCLUDED-15 MIN UNIT	-	-	-	-	04.07 COMMUNITY INTEGRATION	04 DAY SERVICES
W7075	06:HCPCS	COMMUNITY HABILITATION 2380 LEVEL 3: STAFF-TO-INDIV RATIO OF 1:1. SUPERVISION, TRAINING, SUPPORT IN SELF-CARE, COMMUNICATION, COMMUNITY PARTICIPATION, SOCIALIZATION. TRANSPORTATION AS AN INTEGRAL COMPONENT INCLUDED-15 MIN UNIT	-	-	-	-	04.07 COMMUNITY INTEGRATION	04 DAY SERVICES
W7076	06:HCPCS	COMM HAB 2380-LEVEL 3 ENH: STAFF-TO-INDIV RATIO OF 1:1 WITH LICENSED OR DEGREED STAFF. SUPERVISION, TRAINING, SUPPORT IN SELF-CARE, COMMUNICATION, COMMUNITY PARTICIPATION, SOCIALIZATION. TRANSPORTATION AS AN INTEGRAL COMPONENT INCLUDED-15 MIN UNIT	-	-	-	-	04.07 COMMUNITY INTEGRATION	04 DAY SERVICES
W7078	06:HCPCS	RESIDENTIAL HABILITATION-UNLICENSED ONE-INDIVIDUAL HOME, ELIGIBLE. THE ELIGIBLE PORTION OF THE UNLICENSED COMMUNITY RESIDENTIAL SERVICE PROVIDED IN A ONE-INDIVIDUAL HOME. BILLING UNIT IS A DAY UNIT.	-	-	-	-	02.03.1 IN-HOME RESIDENTIAL HABILITATION	02 ROUND-THE-CLOCK SERVICES
W7080	06:HCPCS	RESIDENTIAL HABILITATION-UNLICENSED TWO-INDIVIDUAL HOME, ELIGIBLE. THE ELIGIBLE PORTION OF THE UNLICENSED COMMUNITY RESIDENTIAL SERVICE PROVIDED IN A TWO-INDIVIDUAL HOME. BILLING UNIT IS A DAY UNIT.	-	-	-	-	02.01.1 GROUP LIVING, RESIDENTIAL HABILITATION	02 ROUND-THE-CLOCK SERVICES
W7082	06:HCPCS	RESIDENTIAL HABILITATION-UNLICENSED THREE-INDIVIDUAL HOME, ELIGIBLE. THE ELIGIBLE PORTION OF THE UNLICENSED COMMUNITY RESIDENTIAL SERVICE PROVIDED IN A THREE-INDIVIDUAL HOME. BILLING UNIT IS A DAY UNIT.	-	-	-	-	02.01.1 GROUP LIVING, RESIDENTIAL HABILITATION	02 ROUND-THE-CLOCK SERVICES

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W7084	06:HCPCS	SUPPLEMENTAL HABILITATION. THE PROVISION OF 2:1 HABILITATION TO SUPPLEMENT THE BASIC RESIDENTIAL SERVICE TO MEET THE SHORT-TERM UNIQUE MEDICAL OR BEHAVIORAL NEEDS OF THE INDIVIDUAL. 12 CONSECUTIVE CALENDAR MONTH LIMIT. BILLING UNIT IS 15 MINUTES.	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
W7085	06:HCPCS	ADDITIONAL INDIVIDUALIZED STAFFING: THE PROVISION OF 1:1 STAFFING FOR HABILITATION TO SUPPLEMENT THE BASIC RESIDENTIAL SERVICE TO MEET THE UNIQUE LONG-TERM NEEDS OF THE INDIVIDUAL. BILLING UNIT IS 15 MINUTES.	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
W7086	06:HCPCS	ADDITIONAL INDIVIDUALIZED STAFFING: THE PROVISION OF 2:1 STAFFING FOR HABILITATION TO SUPPLEMENT THE BASIC RESIDENTIAL SERVICE TO MEET THE UNIQUE LONG-TERM NEEDS OF THE INDIVIDUAL. BILLING UNIT IS 15 MINUTES.	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
W7087	06:HCPCS	PREVOC SERV 2390 BASE: DEVELOP SKILLS FOR PLACEMENT IN HIGHER VOCATIONAL PROG & ULTIMATELY COMPETITIVE EMPLOY. FACILITY-BASED EMPLOY, OCCUPATIONAL TRNG, VOCATIONAL EVAL, VOCATIONAL FAC, WORK ACTIVITIES CNTR. STAFF:INDIV NO LESS THAN 1:15. 15 MIN UNIT	-	-	-	-	04.01 PREVOCATIONAL SERVICES	04 DAY SERVICES
W7088	06:HCPCS	PREVOC SERV 2390 LVL 1: DEVELOP SKILLS FOR PLACEMENT IN HIGHER VOCATIONAL PROG & ULTIMATELY COMPETITIVE EMPLOY. FACILITY-BASED EMPLOY, OCCUPATIONAL TRNG, VOCATIONAL EVAL, VOCATIONAL FAC, WORK ACTIVITIES CNTR. STAFF:INDIV <1:15 TO 1:7.5. 15 MIN UNIT	-	-	-	-	04.01 PREVOCATIONAL SERVICES	04 DAY SERVICES
W7089	06:HCPCS	PREVOC SERV 2390 LVL 2: DEVELOP SKILLS FOR PLACEMENT IN HIGHER VOCATIONAL PROG & ULTIMATELY COMPETITIVE EMPLOY. FACILITY-BASED EMPLOY, OCCUPATIONAL TRNG, VOCATIONAL EVAL, VOCATIONAL FAC, WORK ACTIVITIES CNTR. STAFF:INDIV <1:7.5 TO >1:1. 15 MIN UNIT	-	-	-	-	04.01 PREVOCATIONAL SERVICES	04 DAY SERVICES
W7090	06:HCPCS	PREVOC SERV 2390 LVL 3: DEVELOP SKILLS FOR PLACEMENT IN HIGHER VOCATIONAL PROG & ULTIMATELY COMPETITIVE EMPLOY. FACILITY-BASED EMPLOY, OCCUPATIONAL TRNG, VOCATIONAL EVAL, VOCATIONAL FAC, WORK ACTIVITIES CNTR. STAFF:INDIV 1:1. 15 MIN UNIT	-	-	-	-	04.01 PREVOCATIONAL SERVICES	04 DAY SERVICES
W7091	06:HCPCS	PREVOC SERV 2390 LVL 3 ENH: DEVEL SKILLS FOR PLACEMENT IN HIGHER VOCATIONAL PROG & COMPETITIVE EMPLOY. FAC-BASED EMPLOY, OCCUPATIONAL TRNG, VOCATIONAL EVAL, VOCATIONAL FAC, WORK ACTIVITIES CNTR. STAFF:INDIV 1:1 WITH LICENSED/DEGREE STAFF. 15 MIN UNIT	-	-	-	-	04.01 PREVOCATIONAL SERVICES	04 DAY SERVICES
W7092	06:HCPCS	PREVOC SERV 2390 LVL 4: DEVELOP SKILLS FOR PLACEMENT IN HIGHER VOCATIONAL PROG & ULTIMATELY COMPETITIVE EMPLOY. FACILITY-BASED EMPLOY, OCCUPATIONAL TRNG, VOCATIONAL EVAL, VOCATIONAL FAC, WORK ACTIVITIES CNTR. STAFF:INDIV 2:1. 15 MIN UNIT	-	-	-	-	04.01 PREVOCATIONAL SERVICES	04 DAY SERVICES
W7094	06:HCPCS	LIC DAY HAB-OLDER ADULT DAILY LIV CNTR: SUPERVISION, TRAINING, SUPPORT IN SELF-CARE, COMMUNICATION, COMMUNITY PARTICIPATION, SOCIALIZATION. TRANSPORTATION AS AN INTEGRAL COMPONENT INCLUDED. AVAIL TO OLDER INDIV WITH MR-15 MIN UNIT	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES

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W7095	06:HCPCS	BEHAVIORAL SUPPORT: INCLUDES FUNCTIONAL ASSESSMENT; DEVEL OF STRATEGIES TO SUPPORT INDIV BASED UPON ASSESSMENT; AND TRAINING TO INDIV, STAFF, RELATIVES, AND CAREGIVERS. PERFORMED UNDER SUPERVISION OF MASTERS DEGREE IN HUMAN SERVICES. 15 MIN UNIT.	-	-	-	-	10.04 BEHAVIOR SUPPORT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
W7096	06:HCPCS	SUPPORTS BROKER SERVICES: AVAIL TO INDIV WHO SELF-DIRECT SERVICES. ASSIST INDIV TO PLAN, ORGANIZE, MANAGE COMMUNITY RESOURCES/SUPPORTS/WORKERS. MAXIMUM LIMIT OF 1040 UNITS/INDIV/FY. BILLING UNIT IS 15 MINUTES.	-	-	-	-	12.02 INFORMATION AND ASSISTANCE IN SUPPORT OF PARTICIPANT DIRECTION	12 SERVICES SUPPORTING PARTICIPANT DIRECTION
W7210	06:HCPCS	SUPPORTS COORDINATION IS A DIRECT SERVICE THAT INVOLVES THE PRIMARY FUNCTIONS OF LOCATING, COORDINATING AND MONITORING NEEDED SERVICES AND SUPPORTS FOR WAIVER PARTICIPANTS. EACH UNIT IS MEASURED IN 15 MINUTES	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
W7235	06:HCPCS	SUPPORTED EMPLOYMENT: FIND & SUPPORT INDIV IN COMPETITIVE JOBS. PROVIDED BY STAFF WITH TRAINING & EXPERIENCE TO APPROPRIATELY ADDRESS INDIV NEEDS. 40 HRS/INDIV/WEEK LIMIT SHARED WITH LICENSED DAY, TRANSITIONAL WORK, AND PREVOC SERV. 15 MIN UNIT .	-	-	-	-	03.02.9 ONGOING SUPPORTED EMPLOYMENT, UNSPECIFIED	03 SUPPORTED EMPLOYMENT
W7237	06:HCPCS	TRANSITIONAL WORK SERV-BASE: TRANSITIONAL WORK INCLUDES MOBILE WORK FORCE, WORK STATION IN INDUSTRY, AFFIRMATIVE INDUSTRY, ENCLAVE. 40 HRS/INDIV/WEEK LIMIT WITH LICENSED DAY, SUPPORTED EMPLOY, AND PREVOC SERV. STAFF:INDIV 1:10 TO >1:6-15 MIN UNIT	-	-	-	-	03.02.9 ONGOING SUPPORTED EMPLOYMENT, UNSPECIFIED	03 SUPPORTED EMPLOYMENT
W7239	06:HCPCS	TRANSITIONAL WORK SERVICES-STAFF SUPPORT LEVEL 1. INCLUDES, BUT IS NOT LIMITED TO: MOBILE WORK FORCE, WORK STATION IN INDUSTRY, AFFIRMATIVE INDUSTRY AND ENCLAVE. PROVISION OF THE SERVICE AT A STAFF TO INDVDL RATIO OF <1:6 TO 1:3:5. PER 15 MIN.	-	-	-	-	03.02.9 ONGOING SUPPORTED EMPLOYMENT, UNSPECIFIED	03 SUPPORTED EMPLOYMENT
W7241	06:HCPCS	TRANSITIONAL WORK SERVICES-STAFF SUPPORT LEVEL 2. INCLUDES, BUT IS NOT LIMITED TO: MOBILE WORK FORCE, WORK STATION IN INDUSTRY, AFFIRMATIVE INDUSTRY AND ENCLAVE. PROVISION OF THE SERVICE AT A STAFF TO INDIVIDUAL RATIO OF <1:35 TO >1:1. PER 15 MIN	-	-	-	-	03.02.9 ONGOING SUPPORTED EMPLOYMENT, UNSPECIFIED	03 SUPPORTED EMPLOYMENT
W7245	06:HCPCS	TRANSITIONAL WORK SERV-LVL 3: TRANSITIONAL WORK INCLUDES MOBILE WORK FORCE, WORK STATION IN INDUSTRY, AFFIRMATIVE INDUSTRY, ENCLAVE. 40 HRS/INDIV/WEEK LIMIT WITH LICENSED DAY, SUPPORTED EMPLOY, AND PREVOC SERV. STAFF:INDIV OF 1:1. 15 MIN UNIT	-	-	-	-	03.02.9 ONGOING SUPPORTED EMPLOYMENT, UNSPECIFIED	03 SUPPORTED EMPLOYMENT
W7247	06:HCPCS	RESPIRE-IN HOME-24 HOURS. BASE STAFF SUPPORT. PROVIDED IN THE PRIVATE HOMES OF INDIVIDUALS OR THE HOMES OF THEIR FAMILY OR FRIENDS. THE PROVISION OF SERVICE AT A STAFF TO INDIVIDUAL RATIO OF 1:4. PER 24 HOURS.	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
W7248	06:HCPCS	RESPIRE-IN HOME-24 HOURS. STAFF SUPPORT LEVEL 1. PROVIDED IN THE PRIVATE HOMES OF INDIVIDUALS OR THE HOMES OF THEIR FAMILY OR FRIENDS. THE PROVISION OF SERVICE AT A STAFF TO INDIVIDUAL RATIO OF <1:4 TO >1:1. PER 24 HOURS.	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
W7249	06:HCPCS	RESPIRE CARE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
W7250	06:HCPCS	RESPIRE-IN HOME 24 HOURS LEVEL 2: SERVICE TO SUPERVISE/SUPPORT INDIV DUE TO RELIEF/ABSENSE OF CAREGIVER. STAFF:INDIV RATIO OF 1:1. PROVIDED AT INDIVIDUALS HOME. BILLING UNIT IS 1 DAY.	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT

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W7251	06:HCPCS	RESPIRE-IN HOME 24 HOURS LEVEL 2 ENH: SERVICE TO SUPERVISE/SUPPORT INDIV DUE TO RELIEF/ABSENSE OF CAREGIVER. STAFF:INDIV RATIO OF 1:1 WITH LICENSED OR DEGREED STAFF. PROVIDED AT INDIVIDUALS HOME. BILLING UNIT IS 1 DAY.	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
W7252	06:HCPCS	RESPIRE-IN HOME 24 HOURS LEVEL 3-DAY: SERVICE TO SUPERVISE/SUPPORT INDIV DUE TO RELIEF/ABSENSE OF CAREGIVER. STAFF:INDIV RATIO OF 2:1. PROVIDED AT INDIVIDUALS HOME. BILLING UNIT IS 1 DAY.	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
W7256	06:HCPCS	RESPIRE-IN HOME-15 MINUTES. STAFF SUPPORT LEVEL 1. PROVIDED IN THE PRIVATE HOMES OF INDIVIDUALS OR THE HOMES OF THEIR FAMILY OR FRIENDS. THE PROVISION OF SERVICE AT A STAFF TO INDIVIDUAL RATIO OF <1:4 TO >1:1. PER 15 MINUTES.	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
W7257	06:HCPCS	RESPIRE CARE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
W7258	06:HCPCS	RESPIRE-IN HOME 15 MINS LEVEL 2: SERVICE TO SUPERVISE/SUPPORT INDIV DUE TO RELIEF/ABSENSE OF CAREGIVER. STAFF:INDIV RATIO OF 1:1. PROVIDED AT INDIVIDUALS HOME. BILLING UNIT IS 15 MINUTES.	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
W7259	06:HCPCS	RESPIRE CARE	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W7260	06:HCPCS	RESPIRE CARE	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W7261	06:HCPCS	RESPIRE CARE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
W7262	06:HCPCS	RESPIRE CARE	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W7263	06:HCPCS	RESPIRE-LICEN-OUT-OF-HOME 24 HRS LVL 2 ENH. SERVICE TO SUPERVISE/SUPPORT INDIV DUE TO RELIEF/ABSENSE OF CAREGIVER. STAFF:INDIV RATIO OF 1:1 WITH LICENSED/DEGREED STAFF. IN LICENSED RESID HOME UNDER 55 PA. CODE CH 3800, 5310, 6400, 6500. 1 DAY UNIT	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W7264	06:HCPCS	RESPIRE-IN HOME 15 MINS LEVEL 2 ENH: SERVICE TO SUPERVISE/SUPPORT INDIV DUE TO RELIEF/ABSENSE OF CAREGIVER. STAFF:INDIV RATIO OF 1:1 WITH LICENSED/DEGREED STAFF. PROVIDED AT INDIVIDUALS HOME. THE BILLING UNIT IS 15 MINUTES.	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
W7265	06:HCPCS	RESPIRE-IN HOME 15 MINS LEVEL 3: SERVICE TO SUPERVISE/SUPPORT INDIV DUE TO RELIEF/ABSENSE OF CAREGIVER. STAFF:INDIV RATIO OF 2:1. PROVIDED AT INDIVIDUALS HOME. THE BILLING UNIT IS 15 MINUTES.	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
W7266	06:HCPCS	RESPIRE-IN HOME 15 MINS LEVEL 3 ENH: SERVICE TO SUPERVISE/SUPPORT INDIV DUE TO RELIEF/ABSENSE OF CAREGIVER. STAFF:INDIV RATIO OF 2:1 WITH LICENSED OR DEGREED STAFF. PROVIDED AT INDIVIDUALS HOME. THE BILLING UNIT IS 15 MINUTES.	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
W7267	06:HCPCS	RESPIRE CARE	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W7268	06:HCPCS	RESPIRE CARE	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W7269	06:HCPCS	RESPIRE CARE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
W7270	06:HCPCS	RESPIRE CARE	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W7271	06:HCPCS	TRANSPORTATION (MILE). TRANSPORTATION BY PROVIDERS, FAMILY, & LICENSED DRIVERS USING NON-AGENCY VEHICLES. THE RATE IS THE STATE RATE FOR MILEAGE REIMBURSEMENT EFFECTIVE THE JANUARY 1ST PRECEDING THE BEGINNING OF THE IMPACTED FY. PER MILE UNIT	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
W7272	06:HCPCS	TRANSPORTATION PUBLIC: TOKENS & TRANSIT PASSES PURCHASED BY AE, AE CONTRACTED PAYMENT AGENTS, FMS ORGANIZATIONS, OR PROVIDERS OF SERVICE. TOKENS/PASSES PURCHASED FOR INDIVIDUAL ON DAILY, WEEKLY OR MONTHLY BASIS. OUTCOME BASED UNIT.	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION

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W7273	06:HCPCS	TRANSPORTATION-PER DIEM: PROVIDED BY PROVIDER AGENCIES FOR NON-EMERGENCY PURPOSES. PRORATED BY USAGE FOR INDIVIDUALS RECEIVING WAIVER SERVICES WHEN VEHICLES ARE ALSO USED FOR PEOPLE WHO ARE NOT WAIVER PARTICIPANTS. DAY UNIT.	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
W7274	06:HCPCS	TRANSPORTATION (TRIP)-ZONE 1: A DEFINED GEOGRAPHICAL AREA THAT IS GREATER THAN 0 AND UP TO 20 MILES. (EXCLUDING TRANSPORTATION FOR RESIDENTIAL SERVICES).	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
W7275	06:HCPCS	TRANSPORTATION (TRIP)-ZONE 2: A DEFINED GEOGRAPHICAL AREA THAT IS GREATER THAN 20 AND UP TO 40 MILES (EXCLUDING TRANSPORTATION FOR RESIDENTIAL SERVICES)	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
W7276	06:HCPCS	TRANSPORTATION (TRIP)-ZONE 3: A DEFINED GEOGRAPHICAL AREA THAT IS GREATER THAN 40 AND UP TO 60 MILES. (EXCLUDING TRANSPORTATION FOR RESIDENTIAL SERVICES)	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
W7278	06:HCPCS	VEHICLE ACCESS ADAPT: CONSIST OF INSTALLATION, REPAIR, MAINTENANCE, & EXTENDED WARRANTIES FOR VEHICLE MODIFICATIONS. LIMITED TO \$10,000/INDIVIDUAL/5-YEAR PERIOD. OUTCOME BASED UNIT.	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W7279	06:HCPCS	HOME ACCESS ADAPT: MODIFICATIONS TO PRIMARY PRIVATE HOME OF INDIVIDUAL NECESSARY DUE TO DISABILITY, TO ENSURE THE HEALTH, SECURITY, & ACCESSIBILITY, OR ENABLE GREATER INDEPENDENCE IN HOME. LIMITED TO \$20,000/INDIVIDUAL/10-YR. OUTCOME BASED UNIT	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W7283	06:HCPCS	HOMEMAKER/CHORE: ENABLES INDIV OR FAMILY TO MAINTAIN PRIVATE RESIDENCE WITH NO LANDLORD/PROVIDER STAFF RESPONSIBLE FOR SERVICE. TEMPORARY USE LIMITED TO 40 HRS/FY-UA MODIFIER USED WITH CODE. NO LIMIT/NO MODIFIER FOR PERMANENT SITUATIONS. HOUR UNIT	-	-	-	-	08.05 HOMEMAKER	08 HOME-BASED SERVICES
W7284	06:HCPCS	EDUCATIONAL SUPPORT SERVICES: GENERAL ADULT EDUCATIONAL SERVICES INCLUDING CMTY COLLEGE, UNIVERSITY OR COLLEGE-LEVEL COURSES, CLASSES, TUTORING TO RECEIVE GED DEGREE, & ASSISTANCE TO PARTICIPATE IN APPRENTICESHIP PROGRAMS. OUTCOME BASED UNIT.	-	-	-	-	04.03 EDUCATION SERVICES	04 DAY SERVICES
W7285	06:HCPCS	RESPIRE CARE	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W7286	06:HCPCS	RESPIRE CARE	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W7287	06:HCPCS	BASE RESPIRE - NOT ELIGIBLE FOR FEDERAL FUNDING	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W7288	06:HCPCS	BASE RESPIRE - NOT ELIGIBLE FOR FEDERAL FUNDING	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W7289	06:HCPCS	BASE RESPIRE - NOT ELIGIBLE FOR FEDERAL FUNDING	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
W7290	06:HCPCS	BASE RESPIRE - NOT ELIGIBLE FOR FEDERAL FUNDING	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
W7291	06:HCPCS	FAMILY LIVING ONE-INDIVIDUAL HOME ADULT (6500 ELIGIBLE). THE ELIGIBLE PORTION OF THE LICENSED FAMILY LIVING PROVIDED IN A ONE-INDIVIDUAL HOME. BILLING UNIT IS A 1-DAY UNIT.	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
W7292	06:HCPCS	FAMILY LIVING ONE-INDIVIDUAL HOME ADULT (6500 INELIGIBLE). THE INELIGIBLE PORTION OF THE LICENSED FAMILY LIVING PROVIDED IN A ONE-INDIVIDUAL HOME. BILLING UNIT IS A 1-DAY UNIT.	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
W7293	06:HCPCS	FAMILY LIVING TWO-INDIVIDUAL HOME ADULT (6500 ELIGIBLE). THE ELIGIBLE PORTION OF THE LICENSED FAMILY LIVING PROVIDED IN A TWO-INDIVIDUAL HOME. BILLING UNIT IS A 1-DAY UNIT.	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
W7295	06:HCPCS	FAMILY LIV 1-INDIV HOME CHILD 6500 ELIGIBLE. THE ELIGIBLE PORTION OF THE LICENSED FAMILY LIVING PROVIDED IN A ONE-INDIVIDUAL HOME. BILLING UNIT IS A 1-DAY UNIT.	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES

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PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
W7297	06:HCPCS	FAMILY LIV 2-INDIV HOME CHILD 6500 ELIGIBLE: THE ELIGIBLE PORTION OF THE LICENSED FAMILY LIVING PROVIDED IN A TWO-INDIVIDUAL HOME. BILLING UNIT IS A 1-DAY UNIT.	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
W7299	06:HCPCS	RESPIRE-LICENSED OUT-OF-HOME 15 MINS LEVEL 3. SERVICE TO SUPERVISE/SUPPORT INDIV DUE TO RELIEF/ABSENSE OF CAREGIVER. STAFF:INDIV RATIO OF 2:1. PROVIDED IN LICENSED RESID HOME UNDER 55 PA. CODE CHAPTER 3800, 5310, 6400, 6500. 1 DAY UNIT.	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W7300	06:HCPCS	RESPIRE-LICEN OUT/HOME 15 MINS LVL 3 ENH. SUPERVISE/SUPPORT INDIV DUE TO RELIEF/ABSENSE OF CAREGIVER. STAFF:INDIV RATIO OF 2:1 WITH LICENSED/DEGREED STAFF. PROVIDED IN LICENSED RESID HOME 55 PA. CODE CH 3800, 5310, 6400, 6500. 1 DAY UNIT.	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W7301	06:HCPCS	BASE RESPITE - NOT ELIGIBLE FOR FEDERAL FUNDING	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
W7302	06:HCPCS	BASE RESPITE - NOT ELIGIBLE FOR FEDERAL FUNDING	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
W7303	06:HCPCS	BASE RESPITE - NOT ELIGIBLE FOR FEDERAL FUNDING	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
W7304	06:HCPCS	BASE RESPITE - NOT ELIGIBLE FOR FEDERAL FUNDING	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
W7319	06:HCPCS	AGENCY WITH CHOICE FMS: AN INDIRECT SERVICE THAT ASSISTS INDIVIDUALS WITH MENTAL RETARDATION AND/OR THEIR SURROGATES IN THE EMPLOYMENT AND MANAGEMENT OF QUALIFIED SUPPORT SERVICE WORKERS AND VENDORS OF THEIR CHOICE. PER MONTH UNIT.	-	-	-	-	12.02 INFORMATION AND ASSISTANCE IN SUPPORT OF PARTICIPANT DIRECTION	12 SERVICES SUPPORTING PARTICIPANT DIRECTION
W7320	06:HCPCS	FSS/INDIVIDUAL PAYMENT: INDIRECT SERVICE TO ASSIST INDIV IN EMPLOYMENT/MANAGEMENT OF INDIVIDUAL PROVIDERS OF NON-WAIVER SERVICES OF THEIR CHOICE. ALLOWS CASH AND/OR VOUCHER PAYMENTS TO INDIVIDUALS/FAMILIES FOR FAMILY SUPPORTS SERVICES. DOLLAR UNIT.	-	-	-	-	12.01 FINANCIAL MANAGEMENT SERVICES IN SUPPORT OF PARTICIPANT DIRECTION	12 SERVICES SUPPORTING PARTICIPANT DIRECTION
W7332	06:HCPCS	EQUIPMENT, ESSENTIAL FURNISHINGS AND INITIAL SUPPLIES. EXAMPLES INCLUDE FOOD, HOUSEHOLD PRODUCTS, DISHES, CHAIRS, TABLES, ETC.	-	-	-	-	16.01 COMMUNITY TRANSITION SERVICES	16 COMMUNITY TRANSITION SERVICES
W7333	06:HCPCS	MOVING EXPENSES.	-	-	-	-	16.01 COMMUNITY TRANSITION SERVICES	16 COMMUNITY TRANSITION SERVICES
W7334	06:HCPCS	OTHER - COMMUNITY TRANSITION SERVICES	-	-	-	-	16.01 COMMUNITY TRANSITION SERVICES	16 COMMUNITY TRANSITION SERVICES
W7335	06:HCPCS	OTHER - COMMUNITY TRANSITION SERVICES	-	-	-	-	16.01 COMMUNITY TRANSITION SERVICES	16 COMMUNITY TRANSITION SERVICES
W7336	06:HCPCS	OTHER - COMMUNITY TRANSITION SERVICES	-	-	-	-	16.01 COMMUNITY TRANSITION SERVICES	16 COMMUNITY TRANSITION SERVICES
W7337	06:HCPCS	CASE MANAGEMENT	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
W7340	06:HCPCS	CASE MANAGEMENT	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
W7341	06:HCPCS	OTHER - FINANCIAL MANAGEMENT SERVICES	-	-	-	-	12.01 FINANCIAL MANAGEMENT SERVICES IN SUPPORT OF PARTICIPANT DIRECTION	12 SERVICES SUPPORTING PARTICIPANT DIRECTION
W8000	06:HCPCS	RESPIRE UNLIC OUT/HOME BASIC: SUPERVISE/SUPPORT INDIV DUE TO RELIEF/ABSENSE OF CAREGIVER. SEGMENT OF MORE THAN 16 HOURS. STAFF:INDIV RATIO OF 1:4. PROVIDED IN PRIVATE HOMES OR OTHER UNLICENSED HOMES OR LOCATIONS. 1 DAY UNIT	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W8001	06:HCPCS	RESPIRE UNLIC OUT/HOME LEVEL 1: SUPERVISE/SUPPORT INDIV DUE TO RELIEF/ABSENSE OF CAREGIVER. SEGMENT OF MORE THAN 16 HOURS. STAFF:INDIV RATIO OF <1:4 TO >1:1. PROVIDED IN PRIVATE HOMES OR OTHER UNLICENSED HOMES OR LOCATIONS. 1 DAY UNIT	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W8002	06:HCPCS	RESPIRE UNLIC OUT/HOME LEVEL 2: SUPERVISE/SUPPORT INDIV DUE TO RELIEF/ABSENSE OF CAREGIVER. SEGMENT OF MORE THAN 16 HOURS. STAFF:INDIV RATIO OF 1:1. PROVIDED IN PRIVATE HOMES OR OTHER UNLICENSED HOMES OR LOCATIONS. 1 DAY UNIT	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT

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PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
W8003	06:HCPCS	RESPIRE UNLIC OUT/HOME LEVEL 2 ENH: SUPERVISE/SUPPORT INDIV DUE TO RELIEF/ABSENSE OF CAREGIVER. SEGMENT MORE THAN 16 HOURS. STAFF:INDIV RATIO OF 1:1WITH LICENSED/DEGREED STAFF. PROVIDED IN PRIVATE HOMES/OTHER UNLICENSED HOMES OR LOCATIONS. 1 DAY UNIT	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W8004	06:HCPCS	RESPIRE UNLIC OUT/HOME LEVEL 3: SUPERVISE/SUPPORT INDIV DUE TO RELIEF/ABSENSE OF CAREGIVER. SEGMENT OF MORE THAN 16 HOURS. STAFF:INDIV RATIO OF 2:1. PROVIDED IN PRIVATE HOMES OR OTHER UNLICENSED HOMES OR LOCATIONS. 1 DAY UNIT	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W8010	06:HCPCS	RESPIRE UNLIC OUT/HOME BASIC: SUPERVISE/SUPPORT INDIV DUE TO RELIEF/ABSENSE OF CAREGIVER. SEGMENT OF 16 HOURS OR LESS. STAFF:INDIV RATIO OF 1:4. PROVIDED IN PRIVATE HOMES OR OTHER UNLICENSED HOMES OR LOCATIONS. 15 MIN UNIT	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W8011	06:HCPCS	RESPIRE UNLIC OUT/HOME LVL 1: SUPERVISE/SUPPORT INDIV DUE TO RELIEF/ABSENSE OF CAREGIVER. SEGMENT OF 16 HOURS OR LESS. STAFF:INDIV RATIO OF <1:4 TO >1:1. PROVIDED IN PRIVATE HOMES OR OTHER UNLICENSED HOMES OR LOCATIONS. 15 MIN UNIT	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W8012	06:HCPCS	RESPIRE UNLIC OUT/HOME LVL 2: SUPERVISE/SUPPORT INDIV DUE TO RELIEF/ABSENSE OF CAREGIVER. SEGMENT OF 16 HOURS OR LESS. STAFF:INDIV RATIO OF 1:1. PROVIDED IN PRIVATE HOMES OR OTHER UNLICENSED HOMES OR LOCATIONS. 15 MIN UNIT	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W8014	06:HCPCS	RESPIRE UNLIC OUT/HOME LVL 3: SUPERVISE/SUPPORT INDIV DUE TO RELIEF/ABSENSE OF CAREGIVER. SEGMENT OF 16 HOURS OR LESS. STAFF:INDIV RATIO OF 2:1. PROVIDED IN PRIVATE HOMES OR OTHER UNLICENSED HOMES OR LOCATIONS. 15 MIN UNIT	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W9006	06:HCPCS	TELECARE ACTIVITY AND SENSOR MONITORING	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W9591	06:HCPCS	RESPIRE-CHILD RESIDENTIAL SERVICE FUNDED VACANCY; THE COSTS OF RESPITE SERVICE PROVIDED IN A WAIVER-FUNDED CHILD RESIDENTIAL HOME (3800) WHEN A FUNDED TEMPORARY OR PERMANENT VACANCY BED IS USED TO PROVIDE THE RESPITE SERVICE.	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W9593	06:HCPCS	RESPIRE-FAMILY LIVING FUNDED VACANCY: THE COSTS OF RESPITE SERVICE PROVIDED IN A WAIVER-FUNDED FAMILY LIVING HOME (6500) WHEN A FUNDED TEMPORARY OR PERMANENT VACANCY BED IS USED TO PROVIDE THE RESPITE SERVICE	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W9594	06:HCPCS	RESPIRE-COMMUNITY HOME FUNDED VACANCY: THE COSTS OF RESPITE SERVICE PROVIDED IN A WAIVER-FUNDED COMMUNITY HOME (6400) WHEN A FUNDED TEMPORARY OR PERMANENT VACANCY BED IS USED TO PROVIDE THE RESPITE SERVICE.	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT

RHODE ISLAND: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
W1200	06:HCPCS	PERSONAL CARE ONLY - MR/DD WAIVER (1 HOUR)	-	13:HH	13:HH	-	08.02 HOME HEALTH AIDE	08 HOME-BASED SERVICES
W1201	06:HCPCS	PERSONAL CARE ONLY - MR/DD WAIVER (1/2 HOUR)	-	13:HH	13:HH	-	08.02 HOME HEALTH AIDE	08 HOME-BASED SERVICES
W1100	06:HCPCS	HOMEMAKER ONLY - MR/DD WAIVER (1 HOUR)	-	-	-	-	08.05 HOMEMAKER	08 HOME-BASED SERVICES
W1101	06:HCPCS	HOMEMAKER ONLY - MR/DD WAIVER (1/2 HOUR)	-	-	-	-	08.05 HOMEMAKER	08 HOME-BASED SERVICES
W1400	06:HCPCS	HOMEMAKER, LPN - MR/DD WAIVER	-	-	-	-	08.05 HOMEMAKER	08 HOME-BASED SERVICES
W1200	06:HCPCS	PERSONAL CARE ONLY - MR/DD WAIVER (1 HOUR)	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
W1201	06:HCPCS	PERSONAL CARE ONLY - MR/DD WAIVER (1/2 HOUR)	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
W1300	06:HCPCS	COMBINED HOMEMAKER AND PERSONAL CARE - MR/DD WAIVER (1 HOUR)	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
W1301	06:HCPCS	COMBINED HOMEMAKER AND PERSONAL CARE-MR/DD WAIVER (1/2 HOUR)	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
W1600	06:HCPCS	MINOR ASSISTIVE DEVICES - MR/DD WAIVER	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W1650	06:HCPCS	MINOR HOME MODIFICATION - MR/DD WAIVER	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X6000	06:HCPCS	ADULT DAY PROGRAM - MR/DD MONTHLY	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
X0339	06:HCPCS	ADULT DAY CARE - MR/DD	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
X0341	06:HCPCS	ADULT MH RESIDENTIAL SERVICE	-	-	-	-	02.01.2 GROUP LIVING, MENTAL HEALTH SERVICES	02 ROUND-THE-CLOCK SERVICES

SOUTH CAROLINA: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
88UB0360	88:UNKNOWN	OPERATING ROOM SERVICES-GENERAL CLASSIFICATION	-	-	-	-	11.05 PHYSICIAN SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
LTC10	10:OTHER SYS	CLTC E/D ADULT DAY HEALTH CARE	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
LTC22	06:HCPCS	CLTC RESPITE CARE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
LTC24	10:OTHER SYS	CLTC ADMISSION PROCESS-DAY OF	-	30:PCS	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
S0227	06:HCPCS	VENT WAIVER RESPITE IN-HOME	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
S0233	06:HCPCS	VENT WAIVER RESPITE ADMISSION PROCESSING	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
S5130	10:OTHER SYS	PERSONAL CARE I	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
S5140	10:OTHER SYS	FOSTER CARE, ADULT; PER DIEM	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
S5151	10:OTHER SYS	UNSKILLED RESPITE CARE, NOT HOSPICE, PER DIEM	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
S5160	10:OTHER SYS	EMERGENCY RESPONSE SYSTEM; INSTALLATION & TESTING	-	-	-	-	14.01 PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
S5161	10:OTHER SYS	EMERGENCY RESPONSE SYSTEM; SERVICE FEE, PER MONTH	-	-	-	-	14.01 PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
S5165	10:OTHER SYS	HOME MODIFICATIONS; PER SERVICE	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
S5170	10:OTHER SYS	HOME DELIVERED MEALS, INC PREP, PER MEAL	-	-	-	-	06.01 HOME DELIVERED MEALS	06 HOME DELIVERED MEALS
S6980	06:HCPCS	MR/RD WAIVER NON-FACILITY RESPITE DAY	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
S6985	06:HCPCS	MR/RD WAIVER NON-FACILITY RESPITE HOURLY	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
S7027	06:HCPCS	HASCI RESPITE NOT FACILITY BASED DAILY	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
S7028	06:HCPCS	HASCI RESPITE NOT FACILITY BASED HOURLY	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
S9123	10:OTHER SYS	S9123 CONTINUOUS HOME CARE	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
S9124	10:OTHER SYS	S9124 NURSING - LPN	-	-	-	-	05.01 PRIVATE DUTY NURSING	05 NURSING
T1002	06:HCPCS	RN SERVICES, UP TO 15 MINUTES	-	-	-	-	05.01 PRIVATE DUTY NURSING	05 NURSING
T1003	06:HCPCS	LPN/LVN SERVICES, UP TO 15 MINUTES	-	-	-	-	05.01 PRIVATE DUTY NURSING	05 NURSING
X0201	06:HCPCS	E/D WAIVER ENVIRONMENT MOD PEST CONTROL	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X0211	06:HCPCS	HIV/AIDS WAIVER PEST CONTROL 2	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X0222	06:HCPCS	VENT WAIVER ENV MOD PEST CONTROL 2	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X0227	06:HCPCS	VENT WAIVER RESPITE IN-HOME	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
X0234	06:HCPCS	SPEECH THERAPY SERVICE	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
X0241	06:HCPCS	HASCI ATTENDANT CARE HOURLY	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
X0243	06:HCPCS	HASCI ATTENDANT CARE DDSN	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
X0247	06:HCPCS	HASCI ATTENDANT CARE NON-SKILLED	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
X0261	06:HCPCS	ED WAIVER ATTENDANT CARE(REPORTING EXP FOR 7/02 THRU 3/03)	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
X0262	06:HCPCS	HIV WAIVER ATTENDANT CARE (REPORTING EXP FOR 7/02 THRU 3/03)	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
X0273	06:HCPCS	ED WAIVER COMPANION SERVICE	-	-	-	-	08.04 COMPANION	08 HOME-BASED SERVICES
X0274	06:HCPCS	HIV/AIDS WAIVER COMPANION SERVICE	-	-	-	-	08.04 COMPANION	08 HOME-BASED SERVICES
X1000	06:HCPCS	HASCI RESIDENTIAL HAB - DAILY	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
X1001	06:HCPCS	HASCI PREVOCATIONAL HABILITATION	-	-	-	-	04.01 PREVOCATIONAL SERVICES	04 DAY SERVICES
X1003	06:HCPCS	DAY HABILITATION	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
X1915	06:HCPCS	MEDICAL SUPPLIES MR/RD WAIVER	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X1916	06:HCPCS	MEDICAL EQUIPMENT MR/RD WAIVER	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X1917	06:HCPCS	MEDICAL EQUIPMENT VENT WAIVER	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X1918	06:HCPCS	MEDICAL SUPPLIES VENT WAIVER	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X1922	06:HCPCS	MEDICAL SUPPLIES/EQUIPMENT	-	-	-	-	14.03.9 EQUIPMENT, TECHNOLOGY, AND SUPPLIES, UNSPECIFIED	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X1939	06:HCPCS	HIV/AIDS NUTRITIONAL SUPPLEMENT WAIVER	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X2045	06:HCPCS	ADULT HEALTH CARE NURSING	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
X6855	06:HCPCS	APPLIANCES	-	-	-	-	16.01 COMMUNITY TRANSITION SERVICES	16 COMMUNITY TRANSITION SERVICES
X6883	06:HCPCS	PERSONAL ASSISTANCE FIXED	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
X6983	06:HCPCS	MR/RD WAIVER PREVOCATIONAL HABILITATION	-	-	-	-	04.01 PREVOCATIONAL SERVICES	04 DAY SERVICES
X6987	06:HCPCS	(MENTAL RETARDATION/RELATED DISABILITIES ADULT DAY HEALTH CARE)	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
X6987	06:HCPCS	(MENTAL RETARDATION/RELATED DISABILITIES ADULT DAY HEALTH CARE)	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
X6987	06:HCPCS	(MENTAL RETARDATION/RELATED DISABILITIES ADULT DAY HEALTH CARE)	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
X7027	06:HCPCS	RESPITE- DAILY	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT

SOUTH CAROLINA: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
X7028	06:HCPCS	RESPIRE - HOURLY	-	-	-	12	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
X9202	06:HCPCS	VENT WAIVER NUTRITIONAL SUPPLEMENT PER CASE	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
X9322	06:HCPCS	VEHICLE MODIFICATIONS	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS

TEXAS: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
96100	01:CPT	PSYCHOLOGICAL SERVICES PROFESSIONAL ASSESSMENT	-	-	-	-	10.01 MENTAL HEALTH ASSESSMENT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
96100	01:CPT	PSYCHOLOGICAL SERVICES PROFESSIONAL ASSESSMENT	-	-	-	-	10.01 MENTAL HEALTH ASSESSMENT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
G0100	10:OTHER SYS	RESPIRE IN HOME	-	-	-	-	09.01.2 RESPIRE, IN-HOME	09 CAREGIVER SUPPORT
G0100	06:HCPCS	RESPIRE IN HOME	-	-	-	-	09.01.2 RESPIRE, IN-HOME	09 CAREGIVER SUPPORT
G0101	10:OTHER SYS	RESPIRE IN HOME	-	-	-	-	09.01.2 RESPIRE, IN-HOME	09 CAREGIVER SUPPORT
G0102	10:OTHER SYS	RESPIRE - OUT-OF-HOME	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
G0119	10:OTHER SYS	RESPIRE - LON 8	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
G0120	10:OTHER SYS	RESPIRE - LON 9	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
G0121	10:OTHER SYS	RESPIRE - PERSONAL ASSISTANCE SERVICES	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
G0122	10:OTHER SYS	RESPIRE - SITTER SERVICES	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
G0124	10:OTHER SYS	RESPIRE - NURSING FACILITY	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
G0125	10:OTHER SYS	RESPIRE - HOSPITAL	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
G0128	10:OTHER SYS	RESPIRE - OUT-OF-HOME	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
G0130	10:OTHER SYS	RESPIRE - HOSPITAL	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
G0151	06:HCPCS	RESPIRE - RESIDENTIAL CARE - NON APT (LEVEL 4)	-	-	-	-	09.01.2 RESPIRE, IN-HOME	09 CAREGIVER SUPPORT
G0152	06:HCPCS	RESPIRE - RESIDENTIAL CARE - NON APT (LEVEL 3)	-	-	-	-	09.01.2 RESPIRE, IN-HOME	09 CAREGIVER SUPPORT
G0155	10:OTHER SYS	RESPIRE - NURSING FACILITY	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
G0156	10:OTHER SYS	RESPIRE - CAMP	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
G0157	10:OTHER SYS	RESPIRE - DAY CARE/LICENSED CHILD CARE FACILITY	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
G0158	10:OTHER SYS	RESPIRE - LICENSED SPECIAL CARE FACILITY	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
G0159	10:OTHER SYS	RESPIRE - ICF/MR	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
G0160	10:OTHER SYS	RESPIRE - HOSPITAL	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
G0161	10:OTHER SYS	RESPIRE - HCSS (RN/LVN) LVN	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
G0162	10:OTHER SYS	RESPIRE - LVN	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
G0163	10:OTHER SYS	RESPIRE - RN	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
G0164	10:OTHER SYS	RESPIRE - PAS DELEGATED	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
G0170	10:OTHER SYS	AGENCY ADMIN - OUT OF HOME RESPIRE CDS	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
G0171	10:OTHER SYS	AGENCY ADMIN - IN HOME RESPIRE CDS	-	-	-	-	09.01.2 RESPIRE, IN-HOME	09 CAREGIVER SUPPORT
G0179	10:OTHER SYS	CDS-RESPIRE NURSING FACILITY - IND.	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
G0180	10:OTHER SYS	CDS-RESPIRE NURSING FACILITY - AGENCY	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
G0182	10:OTHER SYS	CDS - RESPIRE-IN-HOME - IND.	-	-	-	-	09.01.2 RESPIRE, IN-HOME	09 CAREGIVER SUPPORT
G0183	10:OTHER SYS	CDS - RESPIRE-IN-HOME - AGENCY	-	-	-	-	09.01.2 RESPIRE, IN-HOME	09 CAREGIVER SUPPORT
G0184	10:OTHER SYS	CDS-RESPIRE CAMP - IND.	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
G0185	10:OTHER SYS	CDS-RESPIRE CAMP - AGENCY	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
G0186	10:OTHER SYS	CDS RESPIRE - CHILD SUPPORT SERVICES - IND.	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
G0187	10:OTHER SYS	CDS RESPIRE - CHILD SUPPORT SERVICES - AGENCY	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
G0189	10:OTHER SYS	CDS-RESPIRE HOSPITAL - IND.	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
G0190	10:OTHER SYS	CDS-RESPIRE HOSTIPAL - AGENCY	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
G0191	10:OTHER SYS	CDS-RESPIRE-ICF/MR - IND.	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
G0224	10:OTHER SYS	CDS CBA MONTHLY ADMINISTRATION FEE	-	-	-	-	17.99.9 OTHER	17 OTHER
G0224	06:HCPCS	CDS CBA MONTHLY ADMINISTRATION FEE	-	-	-	-	17.99.9 OTHER	17 OTHER
G0225	10:OTHER SYS	CDS MDCP MONTHLY ADMINISTRATION FEE	-	-	-	-	17.99.9 OTHER	17 OTHER
G0225	06:HCPCS	CDS MDCP MONTHLY ADMINISTRATION FEE	-	-	-	-	17.99.9 OTHER	17 OTHER
G0226	06:HCPCS	CDS CLASS MONTHLY ADMINISTRATION FEE	-	-	-	-	17.99.9 OTHER	17 OTHER
G0226	10:OTHER SYS	CDS CLASS MONTHLY ADMINISTRATION FEE	-	-	-	-	17.99.9 OTHER	17 OTHER
G0227	10:OTHER SYS	CDS CCAD MONTHLY ADMINISTRATION FEE	-	-	-	-	17.99.9 OTHER	17 OTHER
G0227	06:HCPCS	CDS CCAD MONTHLY ADMINISTRATION FEE	-	-	-	-	17.99.9 OTHER	17 OTHER
G0228	10:OTHER SYS	CDS DBMD MONTHLY ADMINISTRATION FEE	-	-	-	-	17.99.9 OTHER	17 OTHER
G0230	10:OTHER SYS	BEHAVIOR COMMUNICATION SPECIALIST	-	-	-	-	10.04 BEHAVIOR SUPPORT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
G0234	10:OTHER SYS	CHILD SUPPORT SERVICES	-	-	-	-	17.99.9 OTHER	17 OTHER
G0239	10:OTHER SYS	TAS FEES	-	-	-	-	17.99.9 OTHER	17 OTHER
G0515	10:OTHER SYS	ADP AIDES/REQUISITION FEES 0-499.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
G0516	10:OTHER SYS	ADP AIDES/REQUISITION FEES 500.00-999.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
G0517	10:OTHER SYS	ADP AIDES/REQUISITION FEES 1000.00-1499.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
G0518	10:OTHER SYS	ADP AIDES/REQUISITION FEES 1500.00-1999.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
G0519	10:OTHER SYS	ADP AIDES/REQUISITION FEES 2000.00-2499.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS

TEXAS: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
G0520	10:OTHER SYS	ADP AIDES/REQUISITION FEES 2500.00-2999.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
G0521	10:OTHER SYS	ADP AIDES/REQUISITION FEES 3000.00-3499.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
G0522	10:OTHER SYS	ADP AIDES/REQUISITION FEES 3500.00-3999.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
G0523	10:OTHER SYS	ADP AIDES/REQUISITION FEES 4000.00-4499.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
G0524	10:OTHER SYS	ADP AIDES/REQUISITION FEES 4500.00-4999.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
G0525	10:OTHER SYS	ADP AIDES/REQUISITION FEES 5000.00-OVER	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
G0604	10:OTHER SYS	SPECIFICATIONS HM MODS	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
G0604	06:HCPCS	SPECIFICATIONS HM MODS	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
G0607	10:OTHER SYS	SPECIFICATIONS ADAPTIVE AIDS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
G0623	10:OTHER SYS	MH MODS	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
G0624	10:OTHER SYS	MH MODS	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
G0625	06:HCPCS	MH MODS	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
G0625	10:OTHER SYS	MH MODS	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
G0626	10:OTHER SYS	MH MODS	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
G0626	06:HCPCS	MH MODS	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
G0627	10:OTHER SYS	MH MODS	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
G0628	10:OTHER SYS	MH MODS	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
G0629	10:OTHER SYS	MH MODS	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
G0630	10:OTHER SYS	MH MODS	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
G0631	10:OTHER SYS	MH MODS	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
G0632	10:OTHER SYS	MH MODS	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
G0633	10:OTHER SYS	MH MODS	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
G0634	10:OTHER SYS	MH MODS	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
G0635	10:OTHER SYS	MH MODS	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
G0636	10:OTHER SYS	MH MODS: THESE ARE REQUISITIONS FOR MINOR HOME MODIFICATIONS: REQUISITION FEES -- REIMBURSEMENTS PAID TO THE CBA HOME AND COMMUNITY SUPPORT SERVICES CONTRACTED PROVIDERS FOR THEIR EFFORTS IN ACQUIRING ADAPTIVE AIDS AND MINOR HOME MODIFICATIONS FOR CBA PAR	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
G0637	10:OTHER SYS	DENTAL/REQUISITION FEES 0-499.99	-	-	-	-	11.07 DENTAL SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0638	10:OTHER SYS	DENTAL/REQUISITION FEES 500.00-999.99	-	-	-	-	11.07 DENTAL SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0639	10:OTHER SYS	DENTAL/REQUISITION FEES 1000.00-1499.99	-	-	-	-	11.07 DENTAL SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0640	10:OTHER SYS	DENTAL/REQUISITION FEES 1500.00-1999.99	-	-	-	-	11.07 DENTAL SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0641	10:OTHER SYS	DENTAL/REQUISITION FEES 2000.00-OVER	-	-	-	-	11.07 DENTAL SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0648	10:OTHER SYS	SPECIALIZED THERAPIES/REQ FEES 0.00 - 499.99	-	-	-	-	11.13 OTHER THERAPIES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0648	06:HCPCS	SPECIALIZED THERAPIES/REQ FEES 0.00 - 499.100	-	-	-	-	11.13 OTHER THERAPIES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0649	10:OTHER SYS	SPECIALIZED THERAPIES/REQ FEES 500.00 - 999.99	-	-	-	-	11.13 OTHER THERAPIES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0650	10:OTHER SYS	SPECIALIZED THERAPIES/REQ FEES 1000.00 - 1499.99	-	-	-	-	11.13 OTHER THERAPIES	11 OTHER HEALTH AND THERAPEUTIC SERVICES

TEXAS: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
G0651	10:OTHER SYS	SPECIALIZED THERAPIES/REQ FEES 1500.00 - 1999.99	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0658	10:OTHER SYS	SPECIALIZED THERAPIES/REQ FEES 5000.00 - OVER	-	-	-	-	11.13 OTHER THERAPIES	12 OTHER HEALTH AND THERAPEUTIC SERVICES
G0717	10:OTHER SYS	CDS-PERSONAL ASSISTANCE SERVICES (PAS) - IND.	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
G0718	10:OTHER SYS	CDS-PERSONAL ASSISTANCE SERVICES (PAS) - IND. - LEVEL 1 (NON-PR)	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
G0719	10:OTHER SYS	CDS-PERSONAL ASSISTANCE SERVICES (PAS) - AGENCY	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
G0722	10:OTHER SYS	CMPAS - CLIENT DIRECTED SERVICES	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
G0722	06:HCPCS	CMPAS - CLIENT DIRECTED SERVICES	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
G0723	06:HCPCS	CMPAS - CLIENT DIRECTED SERVICES - AGENCY	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
G0723	10:OTHER SYS	CMPAS - CLIENT DIRECTED SERVICES - AGENCY	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
G0748	10:OTHER SYS	PAS COMMUNITY ATTENDANT SERVICES LEVEL 1 (NON-PRIORITY) CDS	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
G0749	10:OTHER SYS	PAS COMMUNITY ATTENDANT SERVICES LEVEL 2 (PRIORITY) CDS	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
G0749	06:HCPCS	PAS COMMUNITY ATTENDANT SERVICES LEVEL 2 (PRIORITY) CDS	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
G0750	10:OTHER SYS	PAS COMMUNITY ATTENDANT SERVICES - CDS - AGENCY	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
G0756	10:OTHER SYS	CAS SERVICE RESPONSIBLTY OPTON - NON-PRIORITY	-	-	-	-	12.02 INFORMATION AND ASSISTANCE IN SUPPORT OF PARTICIPANT DIRECTION	12 SERVICES SUPPORTING PARTICIPANT DIRECTION
G0815	10:OTHER SYS	CDS SPECIALIZED NURSING RN	-	-	-	-	05.02 SKILLED NURSING	05 NURSING
G0815	10:OTHER SYS	CDS SPECIALIZED NURSING RN	-	-	-	-	05.02 SKILLED NURSING	05 NURSING
G0816	10:OTHER SYS	CDS SPECIALIZED NURSING LVN	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
G1212	06:HCPCS	MEDICAL S/REQUISITION FEES 0 - 499.99	-	-	-	-	17.99.9 OTHER	17 OTHER
G1212	10:OTHER SYS	MEDICAL S/REQUISITION FEES 0 - 499.99	-	-	-	-	17.99.9 OTHER	17 OTHER
G1213	10:OTHER SYS	MEDICAL S/REQUISITION FEES 500.00 - 999.99	-	-	-	-	17.99.9 OTHER	17 OTHER
G1214	10:OTHER SYS	MEDICAL S/REQUISITION FEES 1000.00 - 1499.99	-	-	-	-	17.99.9 OTHER	17 OTHER
G1215	10:OTHER SYS	MEDICAL S/REQUISITION FEES 1500.00 - 1999.99	-	-	-	-	17.99.9 OTHER	17 OTHER
G1216	10:OTHER SYS	MEDICAL S/REQUISITION FEES 2000.00 - 2499.99	-	-	-	-	17.99.9 OTHER	17 OTHER
G1218	10:OTHER SYS	MEDICAL S/REQUISITION FEES 3000.00 - 3499.99	-	-	-	-	17.99.9 OTHER	17 OTHER
G1219	10:OTHER SYS	MEDICAL S/REQUISITION FEES 3500.00 - 3999.99	-	-	-	-	17.99.9 OTHER	17 OTHER
G1222	10:OTHER SYS	MEDICAL S/REQUISITION FEES 5000.00 - OVER	-	-	-	-	17.99.9 OTHER	17 OTHER
N1201	10:OTHER SYS	RESPITE NF - TILE 201	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
N1202	10:OTHER SYS	RESPITE NF - TILE 202	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
N1203	10:OTHER SYS	RESPITE NF - TILE 203	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
N1204	10:OTHER SYS	RESPITE NF - TILE 204	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
N1205	10:OTHER SYS	RESPITE NF - TILE 205	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
N1206	10:OTHER SYS	RESPITE NF - TILE 206	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
N1207	10:OTHER SYS	RESPITE NF - TILE 207	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
N1208	10:OTHER SYS	RESPITE NF - TILE 208	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
N1209	10:OTHER SYS	RESPITE NF - TILE 209	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
N1210	10:OTHER SYS	RESPITE NF - TILE 210	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
N1211	10:OTHER SYS	RESPITE NF - TILE 211	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
N1212	10:OTHER SYS	RESPITE NF - TILE 212	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
S5145	06:HCPCS	SUPPORT FAMILY SERVICES	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
T0300	10:OTHER SYS	INPATIENT RESPITE CARE	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
T1002	06:HCPCS	SPECIALIZED NURSING RN	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
W0101	10:OTHER SYS	ICM/MAO - RESPITE - IN-HOME	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
W0158	10:OTHER SYS	CDS/ICM/MAO - RESPITE-IN-HOME	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
W0162	10:OTHER SYS	CDS/ICM/MAO - RESPITE - NURSING FACILITY	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W0164	10:OTHER SYS	CDS/ICM/MAO MONTHLY ADMIN FEE	-	-	-	-	12.02 INFORMATION AND ASSISTANCE IN SUPPORT OF PARTICIPANT DIRECTION	12 SERVICES SUPPORTING PARTICIPANT DIRECTION
W0239	10:OTHER SYS	ICM/MAO TRANSITION ASSISTANCE SERVICES FEES	-	-	-	-	16.01 COMMUNITY TRANSITION SERVICES	16 COMMUNITY TRANSITION SERVICES
W0515	10:OTHER SYS	ICM/MAO ADP AIDES/REQUISITION FEES 0-499.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W0516	10:OTHER SYS	ICM/MAO ADP AIDES/REQUISITION FEES 500.00-999.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W0517	10:OTHER SYS	ICM/MAO ADP AIDES/REQUISITION FEES 1000.00-1499.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W0518	10:OTHER SYS	ICM/MAO ADP AIDES/REQUISITION FEES 1500.00-1999.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS

TEXAS: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
W0519	10:OTHER SYS	ICM/MAO ADP AIDES/REQUISITION FEES 2000.00-2499.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W0520	10:OTHER SYS	ICM/MAO ADP AIDES/REQUISITION FEES 2500.00-2999.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W0521	10:OTHER SYS	ICM/MAO ADP AIDES/REQUISITION FEES 3000.00-3499.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W0522	10:OTHER SYS	ICM/MAO ADP AIDES/REQUISITION FEES 3500.00-3999.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W0523	10:OTHER SYS	ICM/MAO ADP AIDES/REQUISITION FEES 4000.00-4499.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W0524	10:OTHER SYS	ICM/MAO ADP AIDES/REQUISITION FEES 4500.00-4999.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W0525	10:OTHER SYS	ICM/MAO ADP AIDES/REQUISITION FEES 5000.00- OVER	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W0604	10:OTHER SYS	ICM/MAO SPECIFICATIONS - MH MODS	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W0607	10:OTHER SYS	ICM/MAO SPECIFICATIONS - ADAPTIVE AIDS	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W0623	10:OTHER SYS	ICM/MAO MH MODS/REQUISITION FEES 0-499.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W0624	10:OTHER SYS	ICM/MAO MH MODS/REQUISITION FEES 500.00-999.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W0625	10:OTHER SYS	ICM/MAO MH MODS/REQUISITION FEES 1000.00-1499.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W0626	10:OTHER SYS	ICM/MAO MH MODS/REQUISITION FEES 1500.00-1999.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W0627	10:OTHER SYS	ICM/MAO MH MODS/REQUISITION FEES 2000.00-2499.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W0628	10:OTHER SYS	ICM/MAO MH MODS/REQUISITION FEES 2500.00-2999.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W0629	10:OTHER SYS	ICM/MAO MH MODS/REQUISITION FEES 3000.00-3499.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W0630	10:OTHER SYS	ICM/MAO MH MODS/REQUISITION FEES 3500.00-3999.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W0631	10:OTHER SYS	ICM/MAO MH MODS/REQUISITION FEES 4000.00-4499.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W0632	10:OTHER SYS	ICM/MAO MH MODS/REQUISITION FEES 4500.00-4999.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W0633	10:OTHER SYS	ICM/MAO MH MODS/REQUISITION FEES 5000.00-5499.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W0634	10:OTHER SYS	ICM/MAO MH MODS/REQUISITION FEES 5500.00-5999.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W0635	10:OTHER SYS	ICM/MAO MH MODS/REQUISITION FEES 6000.00-6499.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W0636	10:OTHER SYS	ICM/MAO MH MODS/	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
W0637	10:OTHER SYS	ICM/MAO DENTAL	-	-	-	-	11.07 DENTAL SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
W0638	10:OTHER SYS	ICM/MAO DENTAL	-	-	-	-	11.07 DENTAL SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
W0638	10:OTHER SYS	ICM/MAO DENTAL	-	-	-	-	11.07 DENTAL SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
W0639	10:OTHER SYS	ICM/MAO DENTAL	-	-	-	-	11.07 DENTAL SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
W0640	10:OTHER SYS	ICM/MAO DENTAL	-	-	-	-	11.07 DENTAL SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
W0641	10:OTHER SYS	ICM/MAO DENTAL	-	-	-	-	11.07 DENTAL SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
W0642	10:OTHER SYS	ICM/MAO DENTAL	-	-	-	-	11.07 DENTAL SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
W0642	10:OTHER SYS	ICM/MAO DENTAL	-	-	-	-	11.07 DENTAL SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
W1201	10:OTHER SYS	ICM/MAO RESPITE NF - TILE 201	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W1202	10:OTHER SYS	ICM/MAO RESPITE NF - TILE 202	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W1203	10:OTHER SYS	ICM/MAO RESPITE NF - TILE 203	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W1204	10:OTHER SYS	ICM/MAO RESPITE NF - TILE 204	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W1205	10:OTHER SYS	ICM/MAO RESPITE NF - TILE 205	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W1206	10:OTHER SYS	ICM/MAO RESPITE NF - TILE 206	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W1207	10:OTHER SYS	ICM/MAO RESPITE NF - TILE 207	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W1208	10:OTHER SYS	ICM/MAO RESPTIE NF - TILE 208	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W1209	10:OTHER SYS	ICM/MAO RESPITE NF - TILE 209	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W1210	10:OTHER SYS	ICM/MAO RESPITE NF - TILE 210	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT

TEXAS: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
W1211	10:OTHER SYS	ICM/MAO RESPITE NF - TILE 211	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W1212	10:OTHER SYS	ICM/MAO RESPITE NF - TILE 212	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W1213	10:OTHER SYS	ICM/MAO MEDICAL S/REQUISITION FEES 500.00 - 999.99	-	-	-	-	17.99.9 OTHER	17 OTHER
W1214	10:OTHER SYS	ICM/MAO MEDICAL S/REQUISITION FEES 1000.00 - 1499.99	-	-	-	-	17.99.9 OTHER	17 OTHER
W1215	10:OTHER SYS	ICM/MAO MEDICAL S/REQUISITION FEES 1500.00 - 1999.99	-	-	-	-	17.99.9 OTHER	17 OTHER
W1216	10:OTHER SYS	ICM/MAO MEDICAL S/REQUISITION FEES 2000.00 - 2499.99	-	-	-	-	17.99.9 OTHER	17 OTHER
W1218	10:OTHER SYS	ICM/MAO MEDICAL S/REQUISITION FEES 3000.00 - 3499.99	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
W1218	10:OTHER SYS	ICM/MAO MEDICAL S/REQUISITION FEES 3000.00 - 3499.99	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
W1223	10:OTHER SYS	ICM/MAO MEDICAL S/REQUISITION FEES 0 - 499.99	-	-	-	-	17.99.9 OTHER	17 OTHER
Y0101	10:OTHER SYS	ICM - RESPITE IN HOME	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
Y0158	10:OTHER SYS	CDS/ICM - RESPITE-IN-HOME	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
Y0162	10:OTHER SYS	CDS/ICM - RESPITE - NURSING FACILITY	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
Y0164	10:OTHER SYS	CDS/ICM MONTHLY ADMIN FEE	-	-	-	-	17.99.9 OTHER	17 OTHER
Y0239	10:OTHER SYS	ICM TRANSITION ASSISTANCE SERVICES FEES	-	-	-	-	16.01 COMMUNITY TRANSITION SERVICES	16 COMMUNITY TRANSITION SERVICES
Y0515	10:OTHER SYS	ICM ADP AIDES/REQUISITION FEES 0-499.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Y0516	10:OTHER SYS	ICM ADP AIDES/REQUISITION FEES 500.00-999.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Y0517	10:OTHER SYS	ICM ADP AIDES/REQUISITION FEES 1000.00-1499.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Y0518	10:OTHER SYS	ICM ADP AIDES/REQUISITION FEES 1500.00-1999.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Y0519	10:OTHER SYS	ICM ADP AIDES/REQUISITION FEES 2000.00-2499.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Y0520	10:OTHER SYS	ICM ADP AIDES/REQUISITION FEES 2500.00-2999.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS

TEXAS: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
Y0521	10:OTHER SYS	ICM ADP AIDES/REQUISITION FEES 3000.00-3499.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Y0522	10:OTHER SYS	ICM ADP AIDES/REQUISITION FEES 3500.00-3999.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Y0523	10:OTHER SYS	ICM ADP AIDES/REQUISITION FEES 4000.00-4499.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Y0524	10:OTHER SYS	ICM ADP AIDES/REQUISITION FEES 4500.00-4999.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Y0525	10:OTHER SYS	ICM ADP AIDES/REQUISITION FEES 5000.00-OVER	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Y0604	10:OTHER SYS	ICM SPECIFICATIONS - HOME MODIFICATIONS	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Y0607	10:OTHER SYS	ICM SPEFICATIONS - ADAPTIVE AIDS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Y0623	10:OTHER SYS	ICM MH MODS/REQUISITION FEES 0-499.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Y0624	10:OTHER SYS	ICM MH MODS/REQUISITION FEES 500.00-999.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Y0625	10:OTHER SYS	ICM MH MODS/REQUISITION FEES 1000.00-1499.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Y0626	10:OTHER SYS	ICM MH MODS/REQUISITION FEES 1500.00-1999.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Y0627	10:OTHER SYS	ICM MH MODS/REQUISITION FEES 2000.00-2499.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Y0628	10:OTHER SYS	ICM MH MODS/REQUISITION FEES 2500.00-2999.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Y0629	10:OTHER SYS	ICM MH MODS/REQUISITION FEES 3000.00-3499.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Y0630	10:OTHER SYS	ICM MH MODS/REQUISITION FEES 3500.00-3999.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Y0631	10:OTHER SYS	ICM MH MODS/REQUISITION FEES 4000.00-4499.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Y0632	10:OTHER SYS	ICM MH MODS/REQUISITION FEES 4500.00-4999.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Y0633	10:OTHER SYS	ICM MH MODS/REQUISITION FEES 5000.00-5499.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Y0634	10:OTHER SYS	ICM/MAO MH MODS/	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Y0634	10:OTHER SYS	ICM/MAO MH MODS/	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Y0635	10:OTHER SYS	ICM MH MODS/REQUISITION FEES 6000.00-6499.99	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Y0637	10:OTHER SYS	ICM/MAO DENTAL	-	-	-	-	11.07 DENTAL SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
Y0640	10:OTHER SYS	ICM/MAO DENTAL	-	-	-	-	11.07 DENTAL SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
Y0640	10:OTHER SYS	ICM/MAO DENTAL	-	-	-	-	11.07 DENTAL SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
Y0641	10:OTHER SYS	ICM/MAO DENTAL	-	-	-	-	11.07 DENTAL SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
Y1201	10:OTHER SYS	ICM - RESPITE - NURSING FACILITY TILE 201	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
Y1202	10:OTHER SYS	ICM - RESPITE - NURSING FACILITY TILE 202	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
Y1203	10:OTHER SYS	ICM - RESPITE - NURSING FACILITY TILE 203	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
Y1204	10:OTHER SYS	ICM - RESPITE - NURSING FACILITY TILE 204	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
Y1205	10:OTHER SYS	ICM - RESPITE - NURSING FACILITY TILE 205	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
Y1206	10:OTHER SYS	ICM - RESPITE - NURSING FACILITY TILE 206	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
Y1207	10:OTHER SYS	ICM - RESPITE - NURSING FACILITY TILE 207	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
Y1208	10:OTHER SYS	ICM - RESPITE - NURSING FACILITY TILE 208	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
Y1209	10:OTHER SYS	ICM - RESPITE - NURSING FACILITY TILE 209	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
Y1210	10:OTHER SYS	ICM - RESPITE - NURSING FACILITY TILE 210	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
Y1211	10:OTHER SYS	ICM - RESPITE - NURSING FACILITY TILE 211	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
Y1212	10:OTHER SYS	ICM - RESPITE - NURSING FACILITY TILE 212	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
Y1213	10:OTHER SYS	ICM MEDICAL S/REQUISITION FEES 500.00 - 999.99	-	-	-	-	17.99.9 OTHER	17 OTHER
Y1214	10:OTHER SYS	ICM MEDICAL S/REQUISITION FEES 1000.00 - 1499.99	-	-	-	-	17.99.9 OTHER	17 OTHER
Y1223	10:OTHER SYS	ICM MEDICAL S/REQUISITION FEES 0 - 499.99	-	-	-	-	17.99.9 OTHER	17 OTHER

WASHINGTON: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
04175	11	IP SAFETY TRAINING	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
04176	11	IFP SAFETY TRAINING	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
04177	11	ADULT DAY HEALTH	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
04501	11	MPC INDIV PROVIDER - HR	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
4501	11	MPC INDIV PROVIDER - HR	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
04542	11	MPC IP FUND CARGVR TRNG	-	-	-	-	09.02 CAREGIVER COUNSELING AND/OR TRAINING	09 CAREGIVER SUPPORT
04544	11	MPC IP MOD CRGR TNG	-	-	-	-	09.02 CAREGIVER COUNSELING AND/OR TRAINING	09 CAREGIVER SUPPORT
04559	11	MPC INDIV FAMILY PROV HR	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
04567	11	MPC IFP MOD CRGR TRNG	-	-	-	-	09.02 CAREGIVER COUNSELING AND/OR TRAINING	09 CAREGIVER SUPPORT
04572	11	MPC AFH - CARE	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
04583	11	MPC - CARE AGENCY	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
04583	11	MPC - CARE AGENCY	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
05001	11	PRIVATE DUTY NURSING RN	-	-	-	-	05.01 PRIVATE DUTY NURSING	05 NURSING
05002	11	PRIVATE DUTY NURSING LPN	-	-	-	-	05.01 PRIVATE DUTY NURSING	05 NURSING
05003	11	PDN INDEPENDENT PROVIDER	-	-	-	-	05.01 PRIVATE DUTY NURSING	05 NURSING
05212	11	COPESECS AFH ADD-ON	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
05213	11	COPESECS EARC ADD-ON	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
05221	11	COPESE ENVIRON MOD	-	-	-	-	ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
05222	11	PERS INSTALLATION	-	-	-	-	(PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
05223	11	REIMBURSEMENT	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
05223	11	REIMBURSEMENT	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
05224	11	COPESE ADULT DAY CARE HR	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
05227	11	SPEC DEMEN CARE BH COPESE	-	-	-	-	10.09 OTHER MENTAL HEALTH AND BEHAVIORAL SERVICES	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
05230	11	SVC FOR COMMUNITY TRANSI	-	-	-	-	16.01 COMMUNITY TRANSITION SERVICES	16 COMMUNITY TRANSITION SERVICES
05231	11	ITEMS FOR COMMUNITY TRAN	-	-	-	-	16.01 COMMUNITY TRANSITION SERVICES	16 COMMUNITY TRANSITION SERVICES
05234	11	COPESE TRANSPORTATION	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
05237	11	PERS MON SERV	-	-	-	-	(PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
05239	11	COPESE HOME DEL MEALS	-	-	-	-	06.01 HOME DELIVERED MEALS	06 HOME DELIVERED MEALS
05241	11	COPESE HOME HLTH AIDE	-	-	-	-	08.02 HOME HEALTH AIDE	08 HOME-BASED SERVICES
05242	11	COPESE IP FUND CRGVR TRNG	-	-	-	-	09.02 CAREGIVER COUNSELING AND/OR TRAINING	09 CAREGIVER SUPPORT
05243	11	COPESE SKILLED NURSING	-	-	-	-	05.02 SKILLED NURSING	05 NURSING
05244	11	COPESE IP MOD CREGVR TRNG	-	-	-	-	09.02 CAREGIVER COUNSELING AND/OR TRAINING	09 CAREGIVER SUPPORT
05245	11	COPESE ADULT DAY CARE DA	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
05247	11	COPESE CLIENT TRAINING	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
05248	11	COPESE IP CONTINUING EDUC	-	-	-	-	04.03 EDUCATION SERVICES	04 DAY SERVICES
05250	11	SPECIAL MED EQUIP	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
05256	11	COPESE PER CARE-INDIV-HR	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
05259	11	COPESE IFP FUND CRGR TRNG	-	-	-	-	09.02 CAREGIVER COUNSELING AND/OR TRAINING	09 CAREGIVER SUPPORT
05260	11	COPESE AFH RN DELEGATION	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
05261	11	COPESE IFP MOD CRGR TRNG	-	-	-	-	09.02 CAREGIVER COUNSELING AND/OR TRAINING	09 CAREGIVER SUPPORT
05263	11	COPESE IFP CONT EDUC	-	-	-	-	04.03 EDUCATION SERVICES	04 DAY SERVICES
05270	11	COPESE IP DEL TRAINING	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
05271	11	COPESE AFH - CARE	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
05273	11	COPESE EARC - CARE	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
05275	11	COPESE ASSISTED LIV-CARE	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
05276	11	COPESE RESIDENTIAL CAREGIVER/RECIPIENT TRAINING	-	-	-	-	09.02 CAREGIVER COUNSELING AND/OR TRAINING	09 CAREGIVER SUPPORT
05276	11	COPESE RESIDENTIAL CAREGIVER/RECIPIENT TRAINING	-	-	-	-	09.02 CAREGIVER COUNSELING AND/OR TRAINING	09 CAREGIVER SUPPORT
05282	11	COPESE-CLUSTER CARE HR	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
05282	11	COPESE-CLUSTER CARE HR	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
05283	11	COPESE - CARE AGENCY	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
05288	11	COPESE IN-HOME DELEGATION	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
05288	11	COPESE IN-HOME DELEGATION	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
05290	11	SN SPECIAL CIRCUMSTANCES	-	-	-	-	05.02 SKILLED NURSING	05 NURSING
05290	11	SN SPECIAL CIRCUMSTANCES	-	-	-	-	05.02 SKILLED NURSING	05 NURSING
05299	11	COPESE PARTICIPATN REIMB	-	-	-	-	12.01 FINANCIAL MANAGEMENT SERVICES IN SUPPORT OF PARTICIPANT DIRECTION	12 SERVICES SUPPORTING PARTICIPANT DIRECTION
05412	11	MNRW/ECS AFH ADD-ON	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES

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05413	11	MNRW/ECS EARC ADD-ON	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
05427	11	SPEC DEMEN CARE BH MNRW	-	-	-	-	SERVICES	SERVICES
05430	11	SVC FOR COMMUNITY TRANSI	-	-	-	-	16.01 COMMUNITY TRANSITION SERVICES	16 COMMUNITY TRANSITION SERVICES
05431	11	ITEMS FOR COMMUNITY TRAN	-	-	-	-	16.01 COMMUNITY TRANSITION SERVICES	16 COMMUNITY TRANSITION SERVICES
05450	11	MNR SPECIAL MED EQUIP	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
05460	11	MNR RN DELEGATION	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
05471	11	MNR AFH - CARE	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
05473	11	MNR EARC - CARE	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
05475	11	MNR ASSISTED LIV - CARE	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
05521	11	MNIW ENVIRONMENTAL MOD	-	-	-	-	ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
05522	11	PERS INSTALLATION	-	-	-	-	(PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
05523	11	MNIW TRANSPORTATION IP MILEAGE REIMBURSEMENT	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
05523	11	MNIW TRANSPORTATION IP MILEAGE REIMBURSEMENT	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
05524	11	ADULT DAY CARE-HR	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
05524	11	ADULT DAY CARE-HR	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
05530	11	SVC FOR COMMUNITY TRANSI	-	-	-	-	16.01 COMMUNITY TRANSITION SERVICES	16 COMMUNITY TRANSITION SERVICES
05531	11	ITEMS FOR COMMUNITY TRAN	-	-	-	-	16.01 COMMUNITY TRANSITION SERVICES	16 COMMUNITY TRANSITION SERVICES
05531	11	ITEMS FOR COMMUNITY TRAN	-	-	-	-	16.01 COMMUNITY TRANSITION SERVICES	16 COMMUNITY TRANSITION SERVICES
05537	11	PERS MON SERV	-	-	-	-	(PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
05542	11	IP FUNDAMENTAL TRAINING	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
05542	11	IP FUNDAMENTAL TRAINING	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
05543	11	MNIW SKILLED NURSING	-	-	-	-	05.02 SKILLED NURSING	05 NURSING
05543	11	MNIW SKILLED NURSING	-	-	-	-	05.02 SKILLED NURSING	05 NURSING
05547	11	CLIENT TRAINING	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
05547	11	CLIENT TRAINING	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
05548	11	MNIW IP CONTINUING EDUC	-	-	-	-	04.03 EDUCATION SERVICES	04 DAY SERVICES
05550	11	MNIW SPECIAL MED EQUIP	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
05556	11	MNIW PER CARE-INDIV-HR	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
05583	11	MNIW PERSONAL CARE AGENY	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
05588	11	MNIW IN-HOME DELEGATION	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
5886	11	RCL IP – RESPITE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
5887	11	RCL FAMILY IP – RESPITE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
5888	11	RCL AGENCY RESPITE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
07118	11	PROVIDER TRAINING IP	-	-	-	-	09.02 CAREGIVER COUNSELING AND/OR TRAINING	09 CAREGIVER SUPPORT
07121	11	PROVIDER SAFETY TRNG IP	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
07122	11	PROV SAFETY TRNG PARENT	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
07126	11	PROVIDER TRAINING PARENT	-	-	-	-	09.02 CAREGIVER COUNSELING AND/OR TRAINING	09 CAREGIVER SUPPORT
07161	11	CARE AFH-DAILY-MPC	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
07167	11	MPC IP	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
07169	11	MPC PARENT PROVIDER	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
07172	11	MPC AGENCY	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
07260	11	CS MH RESPITE BED	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
07310	11	FS RESPITE CARE-DAILY	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
7371	11	MPC IP	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
07374	11	MPC AGENCY	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
08118	11	PROVIDER TRAINING IP	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
08130	11	SPEC MED EQUIP & SUP	-	-	-	-	UNSPECIFIED	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
08132	11	COMMUNITY GUIDE	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
08132	11	COMMUNITY GUIDE	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
08133	11	ENVIRONMENTAL ADAPTATION	-	-	-	-	ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
08135	11	TRANSPORTATION - MILES	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
08150	11	SPEC PSYCHIATRIC SVCS	-	-	-	-	SERVICES	SERVICES
08154	11	BEHAVIOR MNGMT & CONSULT	-	-	-	-	10.04 BEHAVIOR SUPPORT	SERVICES
08155	11	OCCUPATIONAL THERAPY	-	-	-	-	11.08 OCCUPATIONAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
08157	11	COMMUNICATION THERAPY	-	-	-	-	10.06 COUNSELING	SERVICES

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08158	11	STAFF/FAM CONSULT & TRNG	-	-	-	-	09.02 CAREGIVER COUNSELING AND/OR TRAINING	09 CAREGIVER SUPPORT
08159	11	SEXUAL DEVIANCY EVAL	-	-	-	-	10.01 MENTAL HEALTH ASSESSMENT	SERVICES
08167	11	WAIVER PERSONAL CARE IP	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
08168	11	WAIVER PC ETR IP	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
08169	11	WAIVER PC PARENT PROV	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
08170	11	PROVIDER TRAINING PARENT	-	-	-	-	09.02 CAREGIVER COUNSELING AND/OR TRAINING	09 CAREGIVER SUPPORT
08171	11	WPC ETR PARENT PROVIDER	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
08172	11	WAIVER PC AGENCY	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
08173	11	WAIVER PC ETR AGENCY	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
08174	11	RESPIRE IP IN-HOME	-	-	-	-	09.01.2 RESPIRE, IN-HOME	09 CAREGIVER SUPPORT
08176	11	RESPIRE COMMUNITY	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
08177	11	RESPIRE AGENCY	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
08178	11	RESPIRE AGENCY NON-STAND	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
08179	11	RESPIRE IP OUT OF HOME	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
08218	11	PROVIDER TRAINING IP	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
08230	11	SPEC MED EQUIP & SUP	-	-	-	-	UNSPECIFIED	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
08232	11	COMMUNITY GUIDE	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
08233	11	ENVIROMENTAL ADAPTATIONS	-	-	-	-	ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
08235	11	TRANSPORTATION - MILES	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
08236	11	TRANSPORTATION REIMBURS	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
08249	11	NURSING-INDIVIDUAL	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
08250	11	SPECIALIZED PSYCH SVCS	-	-	-	-	SERVICES	SERVICES
08253	11	NURSE DELEGATION	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
08254	11	BEHAVIOR MNGMT & CONSULT	-	-	-	-	10.04 BEHAVIOR SUPPORT	SERVICES
08255	11	OCCUPATIONAL THERAPY	-	-	-	-	11.08 OCCUPATIONAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
08259	11	SEXUAL DEVIANCY EVAL	-	-	-	-	10.01 MENTAL HEALTH ASSESSMENT	SERVICES
08261	11	WAIVER PERSONAL CARE AFH	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
08263	11	WAIVER PERSONAL CARE ARC	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
08265	11	WAIVER PC ETR AFH	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
08266	11	CARE ARC ETR	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
08267	11	WAIVER PERSONAL CARE IP	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
08268	11	WAIVER PC ETR IP	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
08269	11	WAIVER PC PARENT PROV	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
08270	11	PROVIDER TRAINING PARENT	-	-	-	-	09.02 CAREGIVER COUNSELING AND/OR TRAINING	09 CAREGIVER SUPPORT
08271	11	WAIVER PC ETR PRNT PROV	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
08272	11	WAIVER PC AGENCY	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
08273	11	WAIVER PC ETR AGENCY	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
08274	11	RESPIRE IP IN-HOME	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
08275	11	RESP IP NON-STAN IN-HM	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
08276	11	RESPIRE COMMUNITY	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
08277	11	RESPIRE AGENCY	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
08278	11	RESPIRE AGENCY NON STAND	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
08279	11	RESPIRE IP OUT OF HOME	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
08303	11	SUPPORT]	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
08304	11	RHS COMP HOME AUTISM	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
08305	11	RHS GROUP HOME	-	-	-	-	02.01.1 GROUP LIVING, RESIDENTIAL HABILITATION	02 ROUND-THE-CLOCK SERVICES
08306	11	COMPANION HOME RESPIRE	-	-	-	-	09.01.2 RESPIRE, IN-HOME	09 CAREGIVER SUPPORT
08307	11	RHS SUPPORTED LIVING	-	-	-	-	02.03.1 IN-HOME RESIDENTIAL HABILLITATION	02 ROUND-THE-CLOCK SERVICES
08318	11	PROVIDER TRAINING IP	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
08321	11	RHS SUMMER PROGRAM	-	-	-	-	17.99.9 OTHER	17 OTHER
08323	11	CHILD FOSTER CARE	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
08324	11	CHILD FOSTER GROUP CARE	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
08325	11	CHILD STAFFED RES	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
08330	11	SPEC MED EQUIP & SUP	-	-	-	-	UNSPECIFIED	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
08331	11	RHS COST OF CARE ADJUST	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES

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08332	11	COMMUNITY GUIDE	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
08332	11	COMMUNITY GUIDE	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
08333	11	ENVIRONMENTAL ADAPTATION	-	-	-	-	ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
08335	11	TRANSPORTATION - MILES	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
08336	11	TRANSPORTATION REIMBURS	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
08341	11	RHS CLIENT EVALUATION	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
08342	11	RHS STAFF ADD ON	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
08343	11	RHS ALTERNATIVE LIVING	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
08350	11	SPECIALIZED PYSCH SVCS	-	-	-	-	SERVICES	SERVICES
08353	11	NURSE DELEGATION	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
08354	11	BEHAVIOR MNGMT & CONSULT	-	-	-	-	10.04 BEHAVIOR SUPPORT	SERVICES
08355	11	OCCUPATIONAL THERAPY	-	-	-	-	11.08 OCCUPATIONAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
08356	11	PHYSICAL THERAPY	-	-	-	-	11.09 PHYSICAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
08357	11	COMMUNICATION THERAPY	-	-	-	-	10.06 COUNSELING	SERVICES
08358	11	STAFF/FAM CONSULT & TRNG	-	-	-	-	09.02 CAREGIVER COUNSELING AND/OR TRAINING	09 CAREGIVER SUPPORT
08359	11	SEXUAL DEVIANCY EVAL	-	-	-	-	10.01 MENTAL HEALTH ASSESSMENT	SERVICES
08367	11	WAIVER PERSONAL CARE IP	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
08368	11	WAIVER PC ETR IP	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
08369	11	WAIVER PC PRNT PROVIDER	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
08370	11	PROVIDER TRAINING PARENT	-	-	-	-	09.02 CAREGIVER COUNSELING AND/OR TRAINING	09 CAREGIVER SUPPORT
08371	11	WAIVER PC ETR PARENT	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
08372	11	WAIVER PC AGENCY	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
08373	11	WAIVER PC ETR AGENCY	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
08374	11	RESPIRE IP IN-HOME	-	-	-	-	09.01.2 RESPIRE, IN-HOME	09 CAREGIVER SUPPORT
08375	11	RESP IP NON STAN IN HM	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
08376	11	RESPIRE COMMUNITY	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
08377	11	RESPIRE AGENCY	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
08378	11	RESPIRE AGENCY NON-STAND	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
08379	11	RESPIRE IP OUT OF HOME	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
08380	11	RESP IP OUT OF HM NON ST	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
08407	11	RHS SUPPORTED LIVING	-	-	-	-	02.03.1 IN-HOME RESIDENTIAL HABILLITATION	02 ROUND-THE-CLOCK SERVICES
08421	11	RHS SUMMER PROGRAM	-	-	-	-	17.99.9 OTHER	17 OTHER
08430	11	SPEC MED EQUIP & SUP	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
08431	11	RHS COST OF CARE ADJ	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
08442	11	RHS STAFF ADD ON	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
08450	11	SPECIALIZED PYSCH SVCS	-	-	-	-	SERVICES	SERVICES
08453	11	NURSE DELEGATION	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
08454	11	BEHAVIOR MNGMT & CONSULT	-	-	-	-	10.04 BEHAVIOR SUPPORT	SERVICES
08459	11	SEXUAL DEVIANCY EVAL	-	-	-	-	10.01 MENTAL HEALTH ASSESSMENT	SERVICES
8674	11	RCL RESPIRE IP IN HOME	-	-	-	-	09.01.2 RESPIRE, IN-HOME	09 CAREGIVER SUPPORT
8677	11	RCL RESPIRE AGENCY	-	-	-	-	09.01.9 RESPIRE, UNSPECIFIED	09 CAREGIVER SUPPORT
8679	11	RCL RESPIRE OUT-OF-HOME IP	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
94501	11	MPC INDIV PROVIDER-HR	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
94583	11	MPC - CARE AGENCY	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
95001	11	PRIVATE DUTY NURSING RN	-	-	-	-	05.01 PRIVATE DUTY NURSING	05 NURSING
95002	11	11:MISSING	-	-	-	-	05.01 PRIVATE DUTY NURSING	05 NURSING
95003	11	PDN INDEPENDENT PROVIDER	-	-	-	-	05.01 PRIVATE DUTY NURSING	05 NURSING
95003	11	PDN INDEPENDENT PROVIDER	-	-	-	-	05.01 PRIVATE DUTY NURSING	05 NURSING
95221	11	COPEs ENVIRON MOD	-	-	-	-	ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
95221	11	COPEs ENVIRON MOD	-	-	-	-	ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
95222	11	PERS INSTALLATION	-	-	-	-	(PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
95222	11	PERS INSTALLATION	-	-	-	-	(PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
95223	11	11:MISSING	-	-	-	-	99.99.9 UNKNOWN	99 UNKNOWN
95230	11	SVC FOR COMMUNITY TRANSI	-	-	-	-	16.01 COMMUNITY TRANSITION SERVICES	16 COMMUNITY TRANSITION SERVICES
95230	11	SVC FOR COMMUNITY TRANSI	-	-	-	-	16.01 COMMUNITY TRANSITION SERVICES	16 COMMUNITY TRANSITION SERVICES
95231	11	ITEMS FOR COMMUNITY TRAN	-	-	-	-	16.01 COMMUNITY TRANSITION SERVICES	16 COMMUNITY TRANSITION SERVICES
95231	11	ITEMS FOR COMMUNITY TRAN	-	-	-	-	16.01 COMMUNITY TRANSITION SERVICES	16 COMMUNITY TRANSITION SERVICES

WASHINGTON: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
95234	11	COPEs TRANSPORTATION	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
95234	11	COPEs TRANSPORTATION	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
95237	11	PERS MON SERV	-	-	-	-	(PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS

WISCONSIN: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
102	10:Other Sys	ADULT DAY CARE	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
108	10:Other Sys	PREVOCATIONAL SERVICES	-	-	-	-	04.01 PREVOCATIONAL SERVICES	04 DAY SERVICES
110	10:Other Sys	DAILY LIVING SKILLS TRAINING	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
113	10:Other Sys	CONSUMER EDUCATION & TRAINING	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
114	10:Other Sys	VOCATIONAL FUTURES PLANNING	-	-	-	-	03.01.0 JOB DEVELOPMENT	03 SUPPORTED EMPLOYMENT
402	10:Other Sys	HOME DELIVERED MEALS	-	-	-	-	06.01 HOME DELIVERED MEALS	06 HOME DELIVERED MEALS
604	10:Other Sys	SUPPORT AND SERVICE COORDINATION/CASE MANAGEMENT	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
610	10:Other Sys	HOUSING COUNSELING	-	-	-	-	17.03 HOUSING CONSULTATION	17 OTHER
615	10:Other Sys	SUPPORTED EMPLOYMENT	-	-	-	-	03.02.9 ONGOING SUPPORTED EMPLOYMENT, UNSPECIFIE	03 SUPPORTED EMPLOYMENT
619	10:Other Sys	FINANCIAL MANAGEMENT SERVICES	-	-	-	-	12.01 FINANCIAL MANAGEMENT SERVICES IN SUPPORT OF	12 SERVICES SUPPORTING PARTICIPANT DIRECTION
706	10:Other Sys	DAY CENTER SERVICES TREATMENT	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
710	10:Other Sys	SKILLED NURSING SERVICES	-	-	-	-	05.02 SKILLED NURSING	05 NURSING
10322	10:Other Sys	RESIDENTIAL RESPITE	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
10324	10:Other Sys	INSTITUTIONAL RESPITE	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
10399	10:Other Sys	RESPITE - OTHER	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
10410	10:Other Sys	SHC - DAYS	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
10411	10:Other Sys	SHC - PERSONAL CARE/DAYS	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
10412	10:Other Sys	SHC - SUPERVISION SERVICE/DAYS	-	-	-	-	08.01 HOME-BASED HABILITATION	08 HOME-BASED SERVICES
10413	10:Other Sys	SHC - ROUTINE HOME CARE SERVICE/DAYS	-	-	-	-	08.01 HOME-BASED HABILITATION	08 HOME-BASED SERVICES
10414	10:Other Sys	SHC - CHORE SERVICES/DAYS	-	-	-	-	08.06 CHORE	08 HOME-BASED SERVICES
10420	10:Other Sys	SHC - HOURS	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
10421	10:Other Sys	SHC - PERSONAL CARE/HOURS	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
10422	10:Other Sys	SHC - SUPERVISION SERVICE/HOURS	-	-	-	-	08.01 HOME-BASED HABILITATION	08 HOME-BASED SERVICES
10423	10:Other Sys	SHC - ROUTINE HOME CARE SERVICE/HOURS	-	-	-	-	08.01 HOME-BASED HABILITATION	08 HOME-BASED SERVICES
10424	10:Other Sys	SHC - CHORE SERVICES/HOURS	-	-	-	-	08.06 CHORE	08 HOME-BASED SERVICES
10603	10:Other Sys	HOUSING START-UP	-	-	-	-	16.01 COMMUNITY TRANSITION SERVICES	16 COMMUNITY TRANSITION SERVICES
10730	10:Other Sys	SPECIALIZED TRANSPORTATION & ESCORT/ONE-WAY	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
10740	10:Other Sys	SPECIALIZED TRANSPORTATION & ESCORT	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
11246	10:Other Sys	PERSONAL EMERGENCY RESPONSE SYSTEMS	-	-	-	-	14.01 PERSONAL EMERGENCY RESPONSE SYSTEMS (PER)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
11247	10:Other Sys	COMMUNICATION AIDS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
11255	10:Other Sys	SPECIALIZED MEDICAL SUPPLIES	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
11256	10:Other Sys	HOME MODIFICATIONS	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBL	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
11257	10:Other Sys	ADAPTIVE AIDS - VEHICLES	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBL	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
11299	10:Other Sys	ADAPTIVE AIDS - OTHER	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBL	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
20201	10:Other Sys	ADULT FAMILY HOME 1-2 BEDS	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
20202	10:Other Sys	ADULT FAMILY HOME 3-4 BEDS	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
50661	10:Other Sys	COMMUNITY BASED RESIDENTIAL FACILITY(CBRF) - 5-8 LICENSED BEDS	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
50663	10:Other Sys	CBRF - INDEPENDENT APARTMENT	-	-	-	-	02.03.3 IN-HOME ROUND-THE-CLOCK SERVICES, OTHER	02 ROUND-THE-CLOCK SERVICES
50664	10:Other Sys	CBRF - 9-16 BEDS	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
50665	10:Other Sys	CBRF - 17 -20 BEDS	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
50666	10:Other Sys	CBRF - 21-50 BEDS	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
50667	10:Other Sys	CBRF - CBRF - 51-100 BEDS	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
50703	10:Other Sys	COUNSELING & THERAPEUTIC RESOURCES - HOURS	-	-	-	-	10.06 COUNSELING	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SEF
50704	10:Other Sys	COUNSELING & THERAPEUTIC RESOURCES - ITEMS/SERVICES	-	-	-	-	10.06 COUNSELING	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SEF
60910	10:Other Sys	CONSUMER DIRECTED SUPPORTS	-	-	-	-	12.02 INFORMATION AND ASSISTANCE IN SUPPORT OF PAI	12 SERVICES SUPPORTING PARTICIPANT DIRECTION
70610	10:Other Sys	DAY CENTER SERVICES TREATMENT	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
70620	10:Other Sys	DAY CENTER SERVICES TREATMENT	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES

WEST VIRGINIA: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
99385	01:CPT	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND SEX APPROPRIATE HISTORY, EXAMINATION, COUNSELING/ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION INTERVENTIONS	-	-	-	-	10.01 MENTAL HEALTH ASSESSMENT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
T1001	06:HCPCS	NURSING ASSESSMENT / EVALUATION	-	-	-	-	05.02 SKILLED NURSING	05 NURSING
T1002	06:HCPCS	RN SERVICES, UP TO 15 MINUTES	-	-	-	-	05.02 SKILLED NURSING	05 NURSING
T1003	06:HCPCS	LPN/LVN SERVICES, UP TO 15 MINUTES	-	-	-	-	05.02 SKILLED NURSING	05 NURSING
T2017	06:HCPCS	HABILITATION, RESIDENTIAL, WAIVER; 15 MINUTES	U1	-	-	-	02.01.1 GROUP LIVING, RESIDENTIAL HABILITATION	02 ROUND-THE-CLOCK SERVICES
W0100	06:HCPCS	RESPIRE IN HOME LEVEL 1 UNIT 1/2HR	-	-	-	-	09.01.2 RESPIRE, IN-HOME	09 CAREGIVER SUPPORT
W0101	06:HCPCS	RESPIRE IN HOME LEVEL 2 UNIT 1/2HR	-	-	-	-	09.01.2 RESPIRE, IN-HOME	09 CAREGIVER SUPPORT
W0102	06:HCPCS	RESPIRE OUT OF HOME L-1 UNIT 1/2HR	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W0103	06:HCPCS	RESPIRE OUT OF HOME LEVEL2 UNIT1/2HR	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W0104	06:HCPCS	RESPIRE CARE IN HOME LEVEL I	-	-	-	-	09.01.2 RESPIRE, IN-HOME	09 CAREGIVER SUPPORT
W0105	06:HCPCS	RESPIRE CARE IN HOME LEVEL II	-	-	-	-	09.01.2 RESPIRE, IN-HOME	09 CAREGIVER SUPPORT
W0106	06:HCPCS	RESPIRE CARE OUT OF HOME LEVEL I	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W0107	06:HCPCS	RESPIRE CARE OUT OF HOME LEVEL II	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
W1682	06:HCPCS	HOSPICE-INPATIENT RESPIRE CARE PER DIEM	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT

WYOMING: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
W2105	06:HCPCS	DD/ KIDS RESPITE CARE /PER HOUR	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
W3071	06:HCPCS	DD WAIVER, RESPITE CARE, PER HOUR	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
W3171	06:HCPCS	ABI-HCBS RESPITE CARE SERVICES (PER HOUR)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
W4000	06:HCPCS	RESIDENTIAL HABILITATION INTERVENTION	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
W4001	06:HCPCS	INTERVENTION DAY HABILITATION	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
W6005	06:HCPCS	HCBS - RESPITE CARE, IN HOME, PER HOUR	-	-	-	-	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
W6006	06:HCPCS	HCBS - RESPITE CARE, IN FACILITY, PER DAY	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
X1005	06:HCPCS	RESPITE CARE(SELF-DIRECTED) (PER 15 MIN)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
X1019	06:HCPCS	PERSONAL CARE(SELF-DIRECTED) (PER 15 MIN)	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
X2013	06:HCPCS	RESIDENTIAL HABILITATION TRAINING(SELF-DIRECTED) (PER 15 MINUTES)	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
X2017	06:HCPCS	SUPPORTED LIVING(SELF-DIRECTED) (PER 15 MIN)	-	-	-	-	02.03.3 IN-HOME ROUND-THE-CLOCK SERVICES, OTHER	02 ROUND-THE-CLOCK SERVICES
X2019	06:HCPCS	SUPPORTED EMPLOYMENT(1:1)(SELF-DIRECTED)(PER 15 MIN)	-	-	-	-	03.02.1 ONGOING SUPPORTED EMPLOYMENT, INDIVIDUAL	03 SUPPORTED EMPLOYMENT
X2025	06:HCPCS	SUPPORTED LIVING(GROUP)(SELF-DIRECTED)(PER 15 MIN)	-	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
X2026	06:HCPCS	CHILD HABILITATION (0-17)(SELF-DIRECTED)(PER 15	-	-	-	-	04.08 MEDICAL DAY CARE FOR CHILDREN	04 DAY SERVICES
X2027	06:HCPCS	RESPITE - DAILY (SELF-DIRECTED) (PER 15 MIN)	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
X2041	06:HCPCS	INDEPENDENT SUPPORT BROKER(SELF- DIRECTED)(PER 15 MIN)	-	-	-	-	12.02 INFORMATION AND ASSISTANCE IN SUPPORT OF PARTICIPANT DIRECTION	12 SERVICES SUPPORTING PARTICIPANT DIRECTION
X5135	06:HCPCS	COMPANION SERVICES (SELF-DIRECTED)(PER 15 MIN)	-	-	-	-	08.04 COMPANION	08 HOME-BASED SERVICES
X5136	06:HCPCS	COMPANION SERVICES (GROUP)(SELF-DIRECTED) (PER 15 MIN)	-	-	-	-	08.04 COMPANION	08 HOME-BASED SERVICES

STEP 2

The Case Management Procedure Codes crosswalk maps all national HCPCS and CPT case management procedure codes to the HCBS taxonomy service and category “case management,” because this is the first service listed in the taxonomy.

CASE MANAGEMENT PROCEDURE CODES: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
90882	01:CPT	ENVIRONMENTAL INTERVENTION FOR MEDICAL MANAGEMENT PURPOSES ON A PSYCHIATRIC PATIENT'S BEHALF WITH AGENCIES, EMPLOYERS, OR INSTITUTIONS	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
99199	01:CPT	UNLISTED SPECIAL SERVICE, PROCEDURE OR REPORT	-	31:TCM	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
99340	01:CPT	(PATIENT NOT PRESENT) IN HOME, DOMICILIARY OR	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
88UB0000	88:UNKNOWN	88:MISSING	-	31:TCM	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
88UB0022	88:UNKNOWN	SNF CLAIM PAID UNDER PPS SUBMITTED AS TOB 21X	-	31:TCM	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
88UB0066	88:UNKNOWN	88:MISSING	-	31:TCM	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
88UB0071	88:UNKNOWN	88:MISSING	-	31:TCM	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
88UB0072	88:UNKNOWN	88:MISSING	-	31:TCM	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
88UB0073	88:UNKNOWN	88:MISSING	-	31:TCM	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
88UB0074	88:UNKNOWN	88:MISSING	-	31:TCM	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
88UB0075	88:UNKNOWN	88:MISSING	-	31:TCM	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
88UB0076	88:UNKNOWN	88:MISSING	-	31:TCM	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
88UB0077	88:UNKNOWN	88:MISSING	-	31:TCM	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
88UB0094	88:UNKNOWN	88:MISSING	-	31:TCM	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
A0160	06:HCPCS	NON-EMERGENCY TRANSPORTATION: PER MILE - CASE WORKER OR SOCIAL WORKER	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
G9001	06:HCPCS	COORDINATED CARE FEE, INITIAL RATE	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
G9002	06:HCPCS	COORDINATED CARE FEE, MAINTENANCE RATE	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
G9002	06:HCPCS	COORDINATED CARE FEE, MAINTENANCE RATE	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
G9003	06:HCPCS	COORDINATED CARE FEE, RISK ADJUSTED HIGH, INITIAL	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
G9004	06:HCPCS	COORDINATED CARE FEE, RISK ADJUSTED LOW, INITIAL	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
G9005	06:HCPCS	COORDINATED CARE FEE, RISK ADJUSTED MAINTENANCE	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
G9006	06:HCPCS	COORDINATED CARE FEE, HOME MONITORING	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
G9007	06:HCPCS	COORDINATED CARE FEE, SCHEDULED TEAM CONFERENCE	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
G9008	06:HCPCS	COORDINATED CARE FEE, PHYSICIAN COORDINATED CARE OVERSIGHT SERVICES	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
G9009	06:HCPCS	COORDINATED CARE FEE, RISK ADJUSTED MAINTENANCE, LEVEL 3	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
G9010	06:HCPCS	COORDINATED CARE FEE, RISK ADJUSTED MAINTENANCE, LEVEL 4	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
G9011	06:HCPCS	COORDINATED CARE FEE, RISK ADJUSTED MAINTENANCE, LEVEL 5	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
G9012	06:HCPCS	OTHER SPECIFIED CASE MGMT	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
G9012	06:HCPCS	OTHER SPECIFIED CASE MANAGEMENT SERVICE NOT ELSEWHERE CLASSIFIED	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
H0002	06:HCPCS	BEHAVIORAL HEALTH SCREENING TO DETERMINE ELIGIBILITY FOR ADMISSION TO TREATMENT PROGRAM	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
H0006	06:HCPCS	ALCOHOL AND/OR DRUG SERVICES; CASE MANAGEMENT	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
H0032	06:HCPCS	MENTAL HEALTH SERVICE PLAN DEVELOPMENT BY NON-PHYSICIAN	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
H1002	06:HCPCS	PRENATAL CARE, AT RISK ENHANCED SERVICE; CARE COORDINATION	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
H2000	06:HCPCS	COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	-	31:TCM	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
S0220	06:HCPCS	INTERDISCIPLINARY TEAM OF HEALTH	-	31:TCM	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
S0250	06:HCPCS	COMPREHENSIVE GERIATRIC ASSESSMENT AND TREATMENT PLANNING PERFORMED BY ASSESSMENT TEAM	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
S0280	06:HCPCS	MEDICAL HOME PROGRAM, COMPREHENSIVE CARE COORD AND PLANNING	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
S0281	06:HCPCS	MEDICAL HOME PROGRAM, COMPREHENSIVE CARE COORD AND PLANNING	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT

CASE MANAGEMENT PROCEDURE CODES: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
T1007	06:HCPCS	ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, TREATMENT PLAN DEVELOPMENT	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
T1016	06:HCPCS	CASE MANAGEMENT, EACH 15 MINUTES	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
T1017	06:HCPCS	TARGETED CASE MANAGEMENT, EACH 15 MINUTES	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
T1023	06:HCPCS	SCREENING TO DETERMINE THE APPROPRIATENESS OF CONSIDERATION OF AN INDIVIDUAL	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
T2022	06:HCPCS	CASE MANAGEMENT, PER MONTH	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
T2023	06:HCPCS	TARGETED CASE MANAGEMENT; PER MONTH	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT
T2024	06:HCPCS	SERVICE ASSESSMENT/PLAN OF CARE DEVELOPMENT, WAIVER	-	-	-	-	01.01 CASE MANAGEMENT	01 CASE MANAGEMENT

STEP 3

The Modifiers and Type-of-Service crosswalk assigns a taxonomy service to all unmapped procedure codes with one of the listed specific modifiers. For example, any procedure code with the modifier “GO,” which represents “services delivered under an outpatient occupational therapy plan of care,” will be mapped to the HCBS taxonomy service “occupational therapy.”

MODIFIERS AND TYPE OF SERVICE: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
-	-	-	-	38:PDN	38:PDN	-	05.01 PRIVATE DUTY NURSING	05 NURSING
-	-	-	GN	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
-	-	-	GO	-	-	-	11.08 OCCUPATIONAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
-	-	-	GP	-	-	-	11.09 PHYSICAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES

STEP 4

The National Procedure Codes, Modifiers, Type-of-Service, and Place of Service crosswalk assigns taxonomy services for specific combinations of national procedure codes and modifiers, type-of-service codes, or place-of-service codes. For example, the combination of national procedure code S5150 (“unskilled respite care, not hospice; per 15 minutes”) with the place-of-service code 12 (home) is mapped to the taxonomy service “respite, in-home.”

NATIONAL PROCEDURE CODES, MODIFIERS, TYPE OF SERVICE, AND PLACE OF SERVICE: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
-	88:UNKNOWN	-	-	26:TRANSP	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
-	88:UNKNOWN	88:MISSING	-	12:CLINIC	-	-	10.08 CLINIC SERVICES	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
A0425	06:HCPCS	GROUND MILEAGE, PER STATUTE MILE	-	13: HH	-	-	08.02 HOME HEALTH AIDE	08 HOME-BASED SERVICES
A0425	06:HCPCS	GROUND MILEAGE, PER STATUTE MILE	-	08:PHYSICIAN	-	-	11.05 PHYSICIAN SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
H0017	06:HCPCS	BEHAVIORAL HEALTH; RESIDENTIAL (HOSPITAL RESIDENTIAL TREATMENT PROGRAM)	-	-	-	55	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
H0018	06:HCPCS	BEHAVIORAL HEALTH; SHORT-TERM RESIDENTIAL	-	-	-	55	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
H0019	06:HCPCS	BEHAVIORAL HEALTH; LONG-TERM RESIDENTIAL (NON-MEDICAL, NON-ACUTE CARE IN A RESIDENTIAL TREATMENT PROGRAM WHERE STAY IS TYPICALLY LONGER THAN 30 DAYS)	-	-	-	55	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
H2023	06:HCPCS	SUPPORTED EMPLOYMENT, PER 15 MINUTES	HQ	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
H2023	06:HCPCS	SUPPORTED EMPLOYMENT, PER 15 MINUTES	HQ	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
H2023	06:HCPCS	SUPPORTED EMPLOYMENT, PER 15 MINUTES	TT	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
H2023	06:HCPCS	SUPPORTED EMPLOYMENT, PER 15 MINUTES	UN	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
H2023	06:HCPCS	SUPPORTED EMPLOYMENT, PER 15 MINUTES	UP	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
H2023	06:HCPCS	SUPPORTED EMPLOYMENT, PER 15 MINUTES	UQ	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
H2023	06:HCPCS	SUPPORTED EMPLOYMENT, PER 15 MINUTES	UR	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
H2023	06:HCPCS	SUPPORTED EMPLOYMENT, PER 15 MINUTES	US	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
H2024	06:HCPCS	SUPPORTED EMPLOYMENT, PER DIEM	HQ	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
H2025	06:HCPCS	ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER 15 MINUTES	HQ	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
H2025	06:HCPCS	ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER 15 MINUTES	TT	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
H2025	06:HCPCS	ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER 15 MINUTES	UN	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
H2025	06:HCPCS	ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER 15 MINUTES	UP	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
H2025	06:HCPCS	ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER 15 MINUTES	UQ	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
H2025	06:HCPCS	ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER 15 MINUTES	UR	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
H2025	06:HCPCS	ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER 15 MINUTES	US	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
H2025	06:HCPCS	SUPPORTED EMPLOYMENT, PER DIEM	TT	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
H2026	06:HCPCS	ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER DIEM	HQ	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
H2026	06:HCPCS	ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER DIEM	TT	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
H2026	06:HCPCS	ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER DIEM	UN	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
H2026	06:HCPCS	ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER DIEM	UP	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
H2026	06:HCPCS	ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER DIEM	UQ	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
H2026	06:HCPCS	ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER DIEM	UR	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
H2026	06:HCPCS	ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER DIEM	US	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
H2026	06:HCPCS	SUPPORTED EMPLOYMENT, PER DIEM	UN	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
H2027	06:HCPCS	SUPPORTED EMPLOYMENT, PER DIEM	UP	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
H2028	06:HCPCS	SUPPORTED EMPLOYMENT, PER DIEM	UQ	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT

NATIONAL PROCEDURE CODES, MODIFIERS, TYPE OF SERVICE, AND PLACE OF SERVICE: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
H2029	06:HCPCS	SUPPORTED EMPLOYMENT, PER DIEM	UR	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
H2030	06:HCPCS	SUPPORTED EMPLOYMENT, PER DIEM	US	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
S5125	06:HCPCS	ATTENDANT CARE SERVICES; PER 15 MINUTES	-	13: HH	-	-	08.02 HOME HEALTH AIDE	08 HOME-BASED SERVICES
S5125	06:HCPCS	ATTENDANT CARE SERVICES; PER 15 MINUTES	-	-	-	13	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
S5126	06:HCPCS	ATTENDANT CARE SERVICES; PER DIEM	-	-	-	13	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
S5150	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES	-	-	-	12	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
S5150	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES	-	-	-	14	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
S5150	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES	-	-	-	3	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
S5150	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES	-	-	-	4	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
S5150	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES	-	-	-	5	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
S5150	06:HCPCS	MINUTES	-	-	-	8	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
S5150	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES	-	-	-	11	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
S5150	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES	-	-	-	20	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
S5150	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES	-	-	-	21	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
S5150	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES	-	-	-	22	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
S5150	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES	-	-	-	23	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
S5150	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES	-	-	-	24	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
S5150	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES	-	-	-	31	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
S5150	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES	-	-	-	32	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
S5150	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES	-	-	-	33	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
S5150	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES	-	-	-	34	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
S5150	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES	-	-	-	41	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
S5150	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES	-	-	-	51	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
S5150	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES	-	-	-	53	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
S5150	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES	-	-	-	54	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
S5150	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES	-	-	-	81	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
S5150	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES	-	-	-	13	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
S5151	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	-	-	-	4	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
S5151	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	-	-	-	5	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
S5151	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	-	-	-	8	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
S5151	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	-	-	-	8	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
S5151	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	-	-	-	11	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
S5151	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	-	-	-	12	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
S5151	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	-	-	-	13	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
S5151	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	-	-	-	14	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
S5151	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	-	-	-	20	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
S5151	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	-	-	-	21	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
S5151	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	-	-	-	22	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
S5151	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	-	-	-	23	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
S5151	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	-	-	-	23	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
S5151	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	-	-	-	24	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
S5151	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	-	-	-	31	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
S5151	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	-	-	-	32	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
S5151	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	-	-	-	33	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT

NATIONAL PROCEDURE CODES, MODIFIERS, TYPE OF SERVICE, AND PLACE OF SERVICE: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
S5151	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	-	-	-	34	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
S5151	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	-	-	-	41	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
S5151	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	-	-	-	51	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
S5151	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	-	-	-	53	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
S5151	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	-	-	-	54	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
S5151	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	-	-	-	81	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
S9123	06:HCPCS	NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR (USE FOR GENERAL	-	38:PDN	-	-	05.01 PRIVATE DUTY NURSING	05 NURSING
S9124	06:HCPCS	NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER HOUR	-	38:PDN	-	-	05.01 PRIVATE DUTY NURSING	05 NURSING
T1002	06:HCPCS	RN SERVICES, UP TO 15 MINUTES	-	38:PDN	-	-	05.01 PRIVATE DUTY NURSING	05 NURSING
T1003	06:HCPCS	LPN/LVN SERVICES, UP TO 15 MINUTES	-	38:PDN	-	-	05.01 PRIVATE DUTY NURSING	05 NURSING
T1004	06:HCPCS	SERVICES OF A QUALIFIED NURSING AIDE, UP TO 15 MINUTES	-	38:PDN	-	-	05.01 PRIVATE DUTY NURSING	05 NURSING
T1005	06:HCPCS	RESPITE CARE SERVICES, UP TO 15 MINUTES	-	-	-	12	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
T1005	06:HCPCS	RESPITE CARE SERVICES, UP TO 15 MINUTES	-	-	-	14	09.01.2 RESPITE, IN-HOME	09 CAREGIVER SUPPORT
T1005	06:HCPCS	RESPITE CARE SERVICES, UP TO 15 MINUTES	-	-	-	3	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
T1005	06:HCPCS	RESPITE CARE SERVICES, UP TO 15 MINUTES	-	-	-	4	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
T1005	06:HCPCS	RESPITE CARE SERVICES, UP TO 15 MINUTES	-	-	-	5	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
T1005	06:HCPCS	RESPITE CARE SERVICES, UP TO 15 MINUTES	-	-	-	7	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
T1005	06:HCPCS	RESPITE CARE SERVICES, UP TO 15 MINUTES	-	-	-	8	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
T1005	06:HCPCS	RESPITE CARE SERVICES, UP TO 15 MINUTES	-	-	-	11	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
T1005	06:HCPCS	RESPITE CARE SERVICES, UP TO 15 MINUTES	-	-	-	20	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
T1005	06:HCPCS	RESPITE CARE SERVICES, UP TO 15 MINUTES	-	-	-	21	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
T1005	06:HCPCS	RESPITE CARE SERVICES, UP TO 15 MINUTES	-	-	-	22	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
T1005	06:HCPCS	RESPITE CARE SERVICES, UP TO 15 MINUTES	-	-	-	23	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
T1005	06:HCPCS	RESPITE CARE SERVICES, UP TO 15 MINUTES	-	-	-	24	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
T1005	06:HCPCS	RESPITE CARE SERVICES, UP TO 15 MINUTES	-	-	-	31	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
T1005	06:HCPCS	RESPITE CARE SERVICES, UP TO 15 MINUTES	-	-	-	32	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
T1005	06:HCPCS	RESPITE CARE SERVICES, UP TO 15 MINUTES	-	-	-	33	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
T1005	06:HCPCS	RESPITE CARE SERVICES, UP TO 15 MINUTES	-	-	-	34	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
T1005	06:HCPCS	RESPITE CARE SERVICES, UP TO 15 MINUTES	-	-	-	41	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
T1005	06:HCPCS	RESPITE CARE SERVICES, UP TO 15 MINUTES	-	-	-	51	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
T1005	06:HCPCS	RESPITE CARE SERVICES, UP TO 15 MINUTES	-	-	-	53	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
T1005	06:HCPCS	RESPITE CARE SERVICES, UP TO 15 MINUTES	-	-	-	54	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
T1005	06:HCPCS	RESPITE CARE SERVICES, UP TO 15 MINUTES	-	-	-	62	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
T1005	06:HCPCS	RESPITE CARE SERVICES, UP TO 15 MINUTES	-	-	-	71	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
T1005	06:HCPCS	RESPITE CARE SERVICES, UP TO 15 MINUTES	-	-	-	81	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
T1005	06:HCPCS	RESPITE CARE SERVICES, UP TO 15 MINUTES	-	-	-	13	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
T1019	06:HCPCS	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	-	13: HH	-	-	08.02 HOME HEALTH AIDE	08 HOME-BASED SERVICES
T1019	06:HCPCS	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	-	-	-	13	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
T1020	06:HCPCS	PERSONAL CARE SERVICES, PER DIEM, NOT FOR AN INPATIENT OR RESIDENT OF A HOSPITAL, NURSING FACILITY, ICF/MR OR IMD, PART OF THE INDIVIDUALIZED PLAN OF TREATMENT	-	-	-	13	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
T1030	06:HCPCS	NURSING CARE, IN THE HOME, BY REGISTERED NURSE, PER DIEM	-	38:PDN	-	-	05.01 PRIVATE DUTY NURSING	05 NURSING
T1031	06:HCPCS	NURSING CARE, IN THE HOME, BY LICENSED PRACTICAL NURSE, PER DIEM	-	38:PDN	-	-	05.01 PRIVATE DUTY NURSING	05 NURSING
T2016	06:HCPCS	HABILITATION, RESIDENTIAL, WAIVER; PER DIEM	-	-	-	13	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
T2016	06:HCPCS	HABILITATION, RESIDENTIAL, WAIVER; PER DIEM	-	-	-	55	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
T2017	06:HCPCS	HABILITATION, RESIDENTIAL, WAIVER; 15 MINUTES	-	-	-	13	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
T2017	06:HCPCS	HABILITATION, RESIDENTIAL, WAIVER; 15 MINUTES	-	-	-	55	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
T2017	06:HCPCS	HABILITATION, RESIDENTIAL, WAIVER; 15 MINUTES	-	-	-	14	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
T2018	06:HCPCS	HABILITATION, SUPPORTED EMPLOYMENT, WAIVER; PER DIEM	HQ	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
T2018	06:HCPCS	HABILITATION, SUPPORTED EMPLOYMENT, WAIVER; PER DIEM	TT	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
T2018	06:HCPCS	HABILITATION, SUPPORTED EMPLOYMENT, WAIVER; PER DIEM	UN	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT

NATIONAL PROCEDURE CODES, MODIFIERS, TYPE OF SERVICE, AND PLACE OF SERVICE: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
T2018	06:HCPCS	HABILITATION, SUPPORTED EMPLOYMENT, WAIVER; PER DIEM	UP	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
T2018	06:HCPCS	HABILITATION, SUPPORTED EMPLOYMENT, WAIVER; PER DIEM	UQ	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
T2018	06:HCPCS	HABILITATION, SUPPORTED EMPLOYMENT, WAIVER; PER DIEM	UR	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
T2018	06:HCPCS	HABILITATION, SUPPORTED EMPLOYMENT, WAIVER; PER DIEM	US	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
T2019	06:HCPCS	HABILITATION SUPPORTED EMPLOYMENT	HQ	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
T2019	06:HCPCS	HABILITATION SUPPORTED EMPLOYMENT	TT	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
T2019	06:HCPCS	HABILITATION SUPPORTED EMPLOYMENT	UN	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
T2019	06:HCPCS	HABILITATION SUPPORTED EMPLOYMENT	UP	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
T2019	06:HCPCS	HABILITATION SUPPORTED EMPLOYMENT	UQ	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
T2019	06:HCPCS	HABILITATION SUPPORTED EMPLOYMENT	UR	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
T2019	06:HCPCS	HABILITATION SUPPORTED EMPLOYMENT	US	-	-	-	03.02.2 ONGOING SUPPORTED EMPLOYMENT, GROUP	03 SUPPORTED EMPLOYMENT
T2025	06:HCPCS	WAIVER SERVICES; NOT OTHERWISE SPECIFIED (NOS)	TD	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
T2025	06:HCPCS	WAIVER SERVICES; NOT OTHERWISE SPECIFIED (NOS)	TE	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
T2025	06:HCPCS	WAIVER SERVICES; NOT OTHERWISE SPECIFIED (NOS)	HH	-	-	-	10.09 OTHER MENTAL HEALTH AND BEHAVIORAL SERVICES	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
T2025	06:HCPCS	WAIVER SERVICES; NOT OTHERWISE SPECIFIED (NOS)	5	-	-	-	10.09 OTHER MENTAL HEALTH AND BEHAVIORAL SERVICES	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
T2032	06:HCPCS	RESIDENTIAL CARE, NOT OTHERWISE SPECIFIED (NOS), WAIVER; PER MONTH	-	-	-	13	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
T2032	06:HCPCS	RESIDENTIAL CARE, NOT OTHERWISE SPECIFIED (NOS), WAIVER; PER MONTH	-	-	-	55	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
T2033	06:HCPCS	RESIDENTIAL CARE, NOT OTHERWISE SPECIFIED (NOS), WAIVER; PER DIEM	-	-	-	13	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
T2033	06:HCPCS	WAIVER; PER DIEM	-	-	-	55	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
T2048	06:HCPCS	BEHAVIORAL HEALTH; LONG-TERM CARE RESIDENTIAL (NON-ACUTE CARE IN A RESIDENTIAL	-	-	-	55	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES

STEP 5

The National Codes crosswalk is applied to the remaining unassigned national HCPCS and CPT codes. The remaining claims for S5150, for example, will be mapped to “respite, unspecified,” since their combination of place-of-service and procedure codes did not previously result in a mapping.

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10060	01:CPT	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS, CUTANEOUS OR SUBCUTANEOUS ABSCESS, CYST, FURUNCLE, OR PARONYCHIA); SIMPLE OR SINGLE	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
10061	01:CPT	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS, CUTANEOUS OR SUBCUTANEOUS ABSCESS, CYST, FURUNCLE, OR PARONYCHIA); COMPLICATED OR MULTIPLE	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
10140	01:CPT	INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
10160	01:CPT	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
11200	01:CPT	REMOVAL OF SKIN TAGS, MULTIPLE FIBRO CUTANEOUS TAGS, ANY AREA; UP TO AND INCLUDING 15 LESIONS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
11402	01:CPT	EXCISION, DEBRIDEMENT INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER 1.1 TO 2.0 CM	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
11730	01:CPT	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SINGLE	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
12001	01:CPT	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 2.5 CM OR LESS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
12001	01:CPT	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 2.5 CM OR LESS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
12002	01:CPT	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 2.6 CM TO 7.5 CM	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
12004	01:CPT	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 7.6 CM TO 12.5 CM	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
12011	01:CPT	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
12011	01:CPT	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
12031	01:CPT	REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.5 CM OR LESS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
13132	01:CPT	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; 2.6 CM TO 7.5 CM	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
13132	01:CPT	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; 2.6 CM TO 7.5 CM	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
20550	01:CPT	INJECTION(S); SINGLE TENDON SHEATH, OR LIGAMENT, APONEUROSIS (EG, PLANTAR "FASCIA")	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
23650	01:CPT	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; WITHOUT ANESTHESIA	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
24600	01:CPT	TREATMENT OF CLOSED ELBOW DISLOCATION; WITHOUT ANESTHESIA	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES

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25526	01:CPT	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, AND OPEN TREATMENT OF DISTAL RADIOULNAR JOINT DISLOCATION (GALEAZZI FRACTURE/ DISLOCATION), INCLUDES INTERNAL FIXATION, WHEN PERFORMED, INCLUDES REPAIR OF TRIANGULAR FIBROCARILAGE COMPLEX	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
28285	01:CPT	CORRECTION, HAMMERTOE (EG, INTERPHALANGEAL FUSION, PARTIAL OR TOTAL PHALANGECTOMY)	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
28285	01:CPT	CORRECTION, HAMMERTOE (EG, INTERPHALANGEAL FUSION, PARTIAL OR TOTAL PHALANGECTOMY)	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
29125	01:CPT	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); STATIC	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
29280	01:CPT	STRAPPING; HAND OR FINGER	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
29515	01:CPT	APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
29530	01:CPT	STRAPPING; KNEE	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
30901	01:CPT	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY AND/OR PACKING) ANY METHOD	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
31500	01:CPT	INTUBATION, ENDOTRACHEAL, EMERGENCY PROCEDURE	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
31720	01:CPT	CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEAL	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
36000	01:CPT	INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
36415	01:CPT	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
36416	01:CPT	COLLECTION OF CAPILLARY BLOOD SPECIMEN (EG, FINGER, HEEL, EAR STICK)	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
36430	01:CPT	TRANSFUSION, BLOOD OR BLOOD COMPONENTS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
43239	01:CPT	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH BIOPSY, SINGLE OR MULTIPLE	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
43770	01:CPT	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; PLACEMENT OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE (EG, GASTRIC BAND AND SUBCUTANEOUS PORT COMPONENTS)	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
45330	01:CPT	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
45331	01:CPT	SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
45378	01:CPT	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WITH OR WITHOUT COLON DECOMPRESSION (SEPARATE PROCEDURE)	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
45380	01:CPT	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH BIOPSY, SINGLE OR MULTIPLE	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
45385	01:CPT	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
57100	01:CPT	BIOPSY OF VAGINAL MUCOSA; SIMPLE (SEPARATE PROCEDURE)	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
58301	01:CPT	REMOVAL OF INTRAUTERINE DEVICE (IUD)	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
58301	01:CPT	REMOVAL OF INTRAUTERINE DEVICE (IUD)	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
59025	01:CPT	FETAL NON-STRESS TEST	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES

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62270	01:CPT	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
70150	01:CPT	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF 3 VIEWS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
70260	01:CPT	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF 4 VIEWS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
70360	01:CPT	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
70450	01:CPT	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
70480	01:CPT	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
70486	01:CPT	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
70491	01:CPT	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
71010	01:CPT	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
71020	01:CPT	RADIOLOGIC EXAMINATION, CHEST, 2 VIEWS, FRONTAL AND LATERAL;	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
71100	01:CPT	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; 2 VIEWS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
71101	01:CPT	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF 3 VIEWS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
71250	01:CPT	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
71260	01:CPT	COMPUTED TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
71270	01:CPT	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
72040	01:CPT	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 2 OR 3 VIEWS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
72050	01:CPT	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF 4 VIEWS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
72070	01:CPT	RADIOLOGIC EXAMINATION, SPINE; THORACIC, 2 VIEWS	-	-	-	-	UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
72100	01:CPT	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; 2 OR 3 VIEWS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
72110	01:CPT	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF 4 VIEWS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
72125	01:CPT	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
72128	01:CPT	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
72131	01:CPT	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
72170	01:CPT	RADIOLOGIC EXAMINATION, PELVIS; 1 OR 2 VIEWS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
72192	01:CPT	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
72193	01:CPT	COMPUTED TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
72194	01:CPT	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
72220	01:CPT	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF 2 VIEWS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
73000	01:CPT	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
73030	01:CPT	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF 2 VIEWS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES

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73060	01:CPT	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF 2 VIEWS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
73080	01:CPT	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF 3 VIEWS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
73090	01:CPT	RADIOLOGIC EXAMINATION; FOREARM, 2 VIEWS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
73092	01:CPT	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF 2 VIEWS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
73100	01:CPT	RADIOLOGIC EXAMINATION, WRIST; 2 VIEWS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
73110	01:CPT	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF 3 VIEWS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
73120	01:CPT	RADIOLOGIC EXAMINATION, HAND; 2 VIEWS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
73130	01:CPT	VIEWS	-	-	-	-	UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
73140	01:CPT	RADIOLOGIC EXAMINATION, FINGER(S), MINIMUM OF 2 VIEWS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
73510	01:CPT	RADIOLOGIC EXAMINATION, HIP, UNILATERAL; COMPLETE, MINIMUM OF 2 VIEWS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
73550	01:CPT	RADIOLOGIC EXAMINATION, FEMUR, 2 VIEWS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
73562	01:CPT	RADIOLOGIC EXAMINATION, KNEE; 3 VIEWS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
73590	01:CPT	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, 2 VIEWS	-	-	-	-	UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
73610	01:CPT	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF 3 VIEWS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
73630	01:CPT	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF 3 VIEWS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
73650	01:CPT	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF 2 VIEWS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
73660	01:CPT	RADIOLOGIC EXAMINATION; TOE(S), MINIMUM OF 2 VIEWS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
73700	01:CPT	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
74000	01:CPT	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
74010	01:CPT	RADIOLOGIC EXAMINATION, ABDOMEN; ANTEROPOSTERIOR AND ADDITIONAL OBLIQUE AND CONE VIEWS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
74020	01:CPT	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING DECUBITUS AND/OR ERECT VIEWS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
74022	01:CPT	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE ABDOMEN SERIES, INCLUDING SUPINE, ERECT, AND/OR DECUBITUS VIEWS, SINGLE VIEW CHEST	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
74150	01:CPT	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
74160	01:CPT	COMPUTED TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
74170	01:CPT	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
76000	01:CPT	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIAN TIME, OTHER THAN 71023 OR 71034 (EG, CARDIAC FLUOROSCOPY)	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
76700	01:CPT	ULTRASOUND, ABDOMINAL, REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
76775	01:CPT	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), REAL TIME WITH IMAGE DOCUMENTATION; LIMITED	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES

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76815	01:CPT	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, LIMITED (EG, FETAL HEART BEAT, PLACENTAL LOCATION, FETAL POSITION AND/OR QUALITATIVE AMNIOTIC FLUID VOLUME), 1 OR MORE FETUSES	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
76856	01:CPT	ULTRASOUND, PELVIC (NONOBSTETRIC), REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
76857	01:CPT	ULTRASOUND, PELVIC (NONOBSTETRIC), REAL TIME WITH IMAGE DOCUMENTATION; LIMITED OR FOLLOW-UP (EG, FOR FOLLICLES)	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
81002	01:CPT	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPECIFIC GRAVITY, UROBILINOGEN, ANY NUMBER OF THESE CONSTITUENTS; NON-AUTOMATED, WITHOUT MICROSCOPY	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
81003	01:CPT	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPECIFIC GRAVITY, UROBILINOGEN, ANY NUMBER OF THESE CONSTITUENTS; AUTOMATED, WITHOUT MICROSCOPY	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
81025	01:CPT	URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHODS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
82507	01:CPT	CITRATE	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
85400	01:CPT	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMIN CULTURE, BACTERIAL; ANY OTHER SOURCE EXCEPT URINE, BLOOD OR STOOL, AEROBIC, WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATES	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
87070	01:CPT	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE-STEP METHOD; HEPATITIS B SURFACE ANTIGEN (HBSAG)	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
87340	01:CPT	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA TRACHOMATIS, AMPLIFIED PROBE TECHNIQUE	-	-	-	-	17.01 GOODS AND SERVICES	17 OTHER
87491	01:CPT	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NEISSERIA GONORRHOEAE, AMPLIFIED PROBE TECHNIQUE	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
87591	01:CPT	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); PAPILOMAVIRUS, HUMAN, AMPLIFIED PROBE TECHNIQUE	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
87621	01:CPT	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); PAPILOMAVIRUS, HUMAN, AMPLIFIED PROBE TECHNIQUE	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
88UB0114	88:UNKNOWN	PRIVATE MEDICAL OR GENERAL-PSYCHIATRIC	-	-	-	-	02.01.2 GROUP LIVING, MENTAL HEALTH SERVICES	02 ROUND-THE-CLOCK SERVICES
88UB0116	88:UNKNOWN	PRIVATE MEDICAL OR GENERAL-DETOXIFICATION	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
88UB0116	88:UNKNOWN	PRIVATE MEDICAL OR GENERAL-DETOXIFICATION	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
88UB0124	88:UNKNOWN	SEMI-PRIVATE 2 BED (MEDICAL OR GENERAL)-PSYCHIATRIC	-	-	-	-	02.01.2 GROUP LIVING, MENTAL HEALTH SERVICES	02 ROUND-THE-CLOCK SERVICES
88UB0134	88:UNKNOWN	SEMI-PRIVATE 3 AND 4 BEDS-PSYCHIATRIC	-	-	-	-	02.01.2 GROUP LIVING, MENTAL HEALTH SERVICES	02 ROUND-THE-CLOCK SERVICES
88UB0136	88:UNKNOWN	SEMI-PRIVATE 3 AND 4 BEDS-DETOXIFICATION	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
88UB0144	88:UNKNOWN	PRIVATE (DELUXE)-PSYCHIATRIC	-	-	-	-	02.01.2 GROUP LIVING, MENTAL HEALTH SERVICES	02 ROUND-THE-CLOCK SERVICES
88UB0146	88:UNKNOWN	PRIVATE (DELUXE)-DETOXIFICATION	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
88UB0154	88:UNKNOWN	ROOM&BOARD WARD (MEDICAL OR GENERAL)-PSYCHIATRIC	-	-	-	-	02.01.2 GROUP LIVING, MENTAL HEALTH SERVICES	02 ROUND-THE-CLOCK SERVICES
88UB0154	88:UNKNOWN	ROOM&BOARD WARD (MEDICAL OR GENERAL)-PSYCHIATRIC	-	-	-	-	02.01.2 GROUP LIVING, MENTAL HEALTH SERVICES	02 ROUND-THE-CLOCK SERVICES
88UB0156	88:UNKNOWN	ROOM&BOARD WARD (MEDICAL OR GENERAL)-DETOXIFICATION	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
88UB0156	88:UNKNOWN	ROOM&BOARD WARD (MEDICAL OR GENERAL)-DETOXIFICATION	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
90471	01:CPT	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, OR INTRAMUSCULAR INJECTIONS); 1 VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES

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90472	01:CPT	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, OR INTRAMUSCULAR INJECTIONS); EACH ADDITIONAL VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
90632	01:CPT	HEPATITIS A VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
90633	01:CPT	HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-2 DOSE SCHEDULE, FOR INTRAMUSCULAR USE	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
90648	01:CPT	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-T CONJUGATE (4 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
90649	01:CPT	HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 6, 11, 16, 18 (QUADRIVALENT), 3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
90656	01:CPT	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS AND OLDER, FOR INTRAMUSCULAR USE	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
90657	01:CPT	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO CHILDREN 6-35 MONTHS OF AGE, FOR INTRAMUSCULAR USE	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
90658	01:CPT	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
90658	01:CPT	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
90663	01:CPT	INFLUENZA VIRUS VACCINE, PANDEMIC FORMULATION	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
90669	01:CPT	PNEUMOCOCCAL CONJUGATE VACCINE, 7 VALENT, FOR INTRAMUSCULAR USE	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
90680	01:CPT	ROTAVIRUS VACCINE, PENTAVALENT, 3 DOSE SCHEDULE, LIVE, FOR ORAL USE	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
90698	01:CPT	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HAEMOPHILUS INFLUENZA TYPE B, AND POLIOVIRUS VACCINE, INACTIVATED (DTAP - HIB - IPV), FOR INTRAMUSCULAR USE	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
90700	01:CPT	DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE (DTAP), WHEN ADMINISTERED TO INDIVIDUALS YOUNGER THAN 7 YEARS, FOR INTRAMUSCULAR USE	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
90703	01:CPT	TETANUS TOXOID ADSORBED, FOR INTRAMUSCULAR USE	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
90707	01:CPT	MEASLES, MUMPS AND RUBELLA VIRUS VACCINE (MMR), LIVE, FOR SUBCUTANEOUS USE	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
90713	01:CPT	POLIOVIRUS VACCINE, INACTIVATED (IPV), FOR SUBCUTANEOUS OR INTRAMUSCULAR USE	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
90714	01:CPT	TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORBED, PRESERVATIVE FREE, WHEN ADMINISTERED TO INDIVIDUALS 7 YEARS OR OLDER, FOR INTRAMUSCULAR USE	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
90715	01:CPT	TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (TDAP), WHEN ADMINISTERED TO INDIVIDUALS 7 YEARS OR OLDER, FOR INTRAMUSCULAR USE	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
90716	01:CPT	VARICELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
90718	01:CPT	TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORBED WHEN ADMINISTERED TO INDIVIDUALS 7 YEARS OR OLDER, FOR INTRAMUSCULAR USE	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES

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90723	01:CPT	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HEPATITIS B, AND POLIOVIRUS VACCINE, INACTIVATED (DTAP-HEPB-IPV), FOR INTRAMUSCULAR USE	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
90732	01:CPT	PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23-VALENT, ADULT OR IMMUNOSUPPRESSED PATIENT DOSAGE, WHEN ADMINISTERED TO INDIVIDUALS 2 YEARS OR OLDER, FOR SUBCUTANEOUS OR INTRAMUSCULAR USE	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
90734	01:CPT	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, Y AND W-135 (TETRAVALENT), FOR INTRAMUSCULAR USE	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
90744	01:CPT	HEPATITIS B VACCINE, PEDIATRIC/ADOLESCENT DOSAGE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
90746	01:CPT	HEPATITIS B VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
90747	01:CPT	HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE (4 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
90801	01:CPT	PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION INTERACTIVE PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF COMMUNICATION	-	-	-	-	10.01 MENTAL HEALTH ASSESSMENT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
90802	01:CPT	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 20 TO 30 MINUTES FACE-TO-FACE WITH THE PATIENT	-	-	-	-	10.01 MENTAL HEALTH ASSESSMENT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
90804	01:CPT	BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 20 TO 30 MINUTES FACE-TO-FACE WITH THE PATIENT; WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES	-	-	-	-	10.04 BEHAVIOR SUPPORT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
90805	01:CPT	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 45 TO 50 MINUTES FACE-TO-FACE WITH THE PATIENT	-	-	-	-	10.04 BEHAVIOR SUPPORT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
90806	01:CPT	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 45 TO 50 MINUTES FACE-TO-FACE WITH THE PATIENT; WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES	-	-	-	-	10.04 BEHAVIOR SUPPORT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
90807	01:CPT	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 75 TO 80 MINUTES FACE-TO-FACE WITH THE PATIENT	-	-	-	-	10.04 BEHAVIOR SUPPORT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
90808	01:CPT	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 75 TO 80 MINUTES FACE-TO-FACE WITH THE PATIENT; WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES	-	-	-	-	10.04 BEHAVIOR SUPPORT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
90809	01:CPT	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 20 TO 30 MINUTES FACE-TO-FACE WITH THE PATIENT	-	-	-	-	10.06 COUNSELING	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES

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90811	01:CPT	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 20 TO 30 MINUTES FACE-TO-FACE WITH THE PATIENT	-	-	-	-	10.06 COUNSELING	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
90812	01:CPT	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 45 TO 50 MINUTES FACE-TO-FACE WITH THE PATIENT	-	-	-	-	10.06 COUNSELING	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
90813	01:CPT	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 45 TO 50 MINUTES FACE-TO-FACE WITH THE PATIENT	-	-	-	-	10.06 COUNSELING	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
90814	01:CPT	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 75 TO 80 MINUTES FACE-TO-FACE WITH THE PATIENT	-	-	-	-	10.06 COUNSELING	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
90815	01:CPT	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 75 TO 80 MINUTES FACE-TO-FACE WITH THE PATIENT	-	-	-	-	10.06 COUNSELING	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
90816	01:CPT	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITAL OR RESIDENTIAL CARE SETTING, APPROXIMATELY 20 TO 30 MINUTES FACE-TO-FACE WITH THE PATIENT	-	-	-	-	10.04 BEHAVIOR SUPPORT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
90817	01:CPT	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITAL OR RESIDENTIAL CARE SETTING, APPROXIMATELY 20 TO 30 MINUTES FACE-TO-FACE WITH THE PATIENT; WITH MEDICAL EVALUATION AND MANAGEMENT	-	-	-	-	10.04 BEHAVIOR SUPPORT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
90818	01:CPT	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITAL OR RESIDENTIAL CARE SETTING, APPROXIMATELY 45 TO 50 MINUTES FACE-TO-FACE WITH THE PATIENT	-	-	-	-	10.04 BEHAVIOR SUPPORT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
90819	01:CPT	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITAL OR RESIDENTIAL CARE SETTING, APPROXIMATELY 45 TO 50 MINUTES FACE-TO-FACE WITH THE PATIENT; WITH MEDICAL EVALUATION AND MANAGEMENT	-	-	-	-	10.04 BEHAVIOR SUPPORT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
90821	01:CPT	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITAL OR RESIDENTIAL CARE SETTING, APPROXIMATELY 75 TO 80 MINUTES FACE-TO-FACE WITH THE PATIENT	-	-	-	-	10.04 BEHAVIOR SUPPORT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
90822	01:CPT	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITAL OR RESIDENTIAL CARE SETTING, APPROXIMATELY 75 TO 80 MINUTES FACE-TO-FACE WITH THE PATIENT; WITH MEDICAL EVALUATION AND MANAGEMENT	-	-	-	-	10.04 BEHAVIOR SUPPORT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES

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90823	01:CPT	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITAL OR RESIDENTIAL CARE SETTING	-	-	-	-	10.06 COUNSELING	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
90824	01:CPT	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITAL OR RESIDENTIAL CARE SETTING	-	-	-	-	10.06 COUNSELING	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
90826	01:CPT	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITAL OR RESIDENTIAL CARE SETTING	-	-	-	-	10.06 COUNSELING	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
90827	01:CPT	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITAL OR RESIDENTIAL CARE SETTING	-	-	-	-	10.06 COUNSELING	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
90828	01:CPT	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITAL OR RESIDENTIAL CARE SETTING	-	-	-	-	10.06 COUNSELING	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
90829	01:CPT	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITAL OR RESIDENTIAL CARE SETTING	-	-	-	-	10.06 COUNSELING	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
90845	01:CPT	PSYCHOANALYSIS	-	-	-	-	10.06 COUNSELING	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
90846	01:CPT	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)	-	-	-	-	10.06 COUNSELING	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
90847	01:CPT	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT)	-	-	-	-	10.06 COUNSELING	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
90849	01:CPT	MULTIPLE-FAMILY GROUP PSYCHOTHERAPY	-	-	-	-	10.06 COUNSELING	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
90853	01:CPT	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)	-	-	-	-	10.06 COUNSELING	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
90857	01:CPT	INTERACTIVE GROUP PSYCHOTHERAPY	-	-	-	-	10.06 COUNSELING	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
90862	01:CPT	PRESCRIPTION, USE, AND REVIEW OF MEDICATION WITH NO MORE THAN MINIMAL MEDICAL PSYCHOTHERAPY	-	-	-	-	11.03 MEDICATION ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
90870	01:CPT	ELECTROCONVULSIVE THERAPY (INCLUDES NECESSARY MONITORING)	-	-	-	-	10.09 OTHER MENTAL HEALTH AND BEHAVIORAL SERVICES	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
90875	01:CPT	INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY INCORPORATING BIOFEEDBACK TRAINING BY ANY MODALITY (FACE-TO-FACE WITH THE PATIENT), WITH PSYCHOTHERAPY (EG, INSIGHT ORIENTED, BEHAVIOR MODIFYING OR SUPPORTIVE PSYCHOTHERAPY); APPROXIMATELY 20-30 MINUTES	-	-	-	-	10.04 BEHAVIOR SUPPORT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
90876	01:CPT	INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY INCORPORATING BIOFEEDBACK TRAINING BY ANY MODALITY (FACE-TO-FACE WITH THE PATIENT), WITH PSYCHOTHERAPY (EG, INSIGHT ORIENTED, BEHAVIOR MODIFYING OR SUPPORTIVE PSYCHOTHERAPY); APPROXIMATELY 45-50 MINUTES	-	-	-	-	10.04 BEHAVIOR SUPPORT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
90899	01:CPT	UNLISTED PSYCHIATRIC SERVICE OR PROCEDURE	-	-	-	-	10.09 OTHER MENTAL HEALTH AND BEHAVIORAL SERVICES	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES

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90935	01:CPT	HEMODIALYSIS PROCEDURE WITH SINGLE PHYSICIAN EVALUATION	-	-	-	-	11.05 PHYSICIAN SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
90937	01:CPT	HEMODIALYSIS PROCEDURE REQUIRING REPEATED EVALUATION(S) WITH OR WITHOUT SUBSTANTIAL REVISION OF DIALYSIS PRESCRIPTION	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
90945	01:CPT	DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL DIALYSIS, HEMOFILTRATION, OR OTHER CONTINUOUS RENAL REPLACEMENT THERAPIES), WITH SINGLE PHYSICIAN EVALUATION	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
90960	01:CPT	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS OF AGE AND OLDER; WITH 4 OR MORE FACE-TO-FACE PHYSICIAN VISITS PER MONTH	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
90961	01:CPT	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS OF AGE AND OLDER; WITH 2-3 FACE-TO-FACE PHYSICIAN VISITS PER MONTH	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
90962	01:CPT	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS OF AGE AND OLDER; WITH 1 FACE-TO-FACE PHYSICIAN VISIT PER MONTH	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
90965	01:CPT	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH, FOR PATIENTS 12-19 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
90966	01:CPT	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH, FOR PATIENTS 20 YEARS OF AGE AND OLDER	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
90989	01:CPT	DIALYSIS TRAINING, PATIENT, INCLUDING HELPER WHERE APPLICABLE, ANY MODE, COMPLETED COURSE	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
90999	01:CPT	UNLISTED DIALYSIS PROCEDURE, INPATIENT OR OUTPATIENT	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92002	01:CPT	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH INITIATION OF DIAGNOSTIC AND TREATMENT PROGRAM; INTERMEDIATE, NEW PATIENT	-	-	-	-	11.02 HEALTH ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92004	01:CPT	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH INITIATION OF DIAGNOSTIC AND TREATMENT PROGRAM; COMPREHENSIVE, NEW PATIENT, 1 OR MORE VISITS	-	-	-	-	11.02 HEALTH ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92012	01:CPT	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION OR CONTINUATION OF DIAGNOSTIC AND TREATMENT PROGRAM; INTERMEDIATE, ESTABLISHED PATIENT	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92014	01:CPT	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION OR CONTINUATION OF DIAGNOSTIC AND TREATMENT PROGRAM; COMPREHENSIVE, ESTABLISHED PATIENT, 1 OR MORE VISITS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92015	01:CPT	DETERMINATION OF REFRACTIVE STATE	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92018	01:CPT	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA, WITH OR WITHOUT MANIPULATION OF GLOBE FOR PASSIVE RANGE OF MOTION OR OTHER MANIPULATION TO FACILITATE DIAGNOSTIC EXAMINATION; COMPLETE	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES

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92019	01:CPT	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA, WITH OR WITHOUT MANIPULATION OF GLOBE FOR PASSIVE RANGE OF MOTION OR OTHER MANIPULATION TO FACILITATE DIAGNOSTIC EXAMINATION; LIMITED	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92020	01:CPT	GONIOSCOPY (SEPARATE PROCEDURE)	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92025	01:CPT	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92060	01:CPT	SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATION (EG, RESTRICTIVE OR PARETIC MUSCLE WITH DIPLOPIA) WITH INTERPRETATION AND REPORT (SEPARATE PROCEDURE)	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92065	01:CPT	ORTHOPTIC AND/OR PLEOPTIC TRAINING, WITH CONTINUING MEDICAL DIRECTION AND EVALUATION	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92070	01:CPT	FITTING OF CONTACT LENS FOR TREATMENT OF DISEASE, INCLUDING SUPPLY OF LENS	-	-	-	-	11.05 PHYSICIAN SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92081	01:CPT	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT; LIMITED EXAMINATION (EG, TANGENT SCREEN, AUTOPLLOT, ARC PERIMETER, OR SINGLE STIMULUS LEVEL AUTOMATED TEST, SUCH AS OCTOPUS 3 OR 7 EQUIVALENT)	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92082	01:CPT	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT; INTERMEDIATE EXAMINATION (EG, AT LEAST 2 ISOPTERS ON GOLDMANN PERIMETER, OR SEMIQUANTITATIVE, AUTOMATED SUPRATHRESHOLD SCREENING PROGRAM, HUMPHREY SUPRATHRESHOLD AUTOMATIC DIAGNOSTIC TEST, OCTOPUS PROGRAM 33)	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92083	01:CPT	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT; EXTENDED EXAMINATION (EG, GOLDMANN VISUAL FIELDS WITH AT LEAST 3 ISOPTERS PLOTTED AND STATIC DETERMINATION WITHIN THE CENTRAL 30°, OR QUANTITATIVE, AUTOMATED THRESHOLD PERIMETRY, OCTOPUS PROGRAM G-1, 32 OR 42, HUMPHREY VISUAL FIELD ANALYZER FULL THRESHOLD PROGRAMS 30-2, 24-2, OR 30/60-2)	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92100	01:CPT	SERIAL TONOMETRY (SEPARATE PROCEDURE) WITH MULTIPLE MEASUREMENTS OF INTRAOCULAR PRESSURE OVER AN EXTENDED TIME PERIOD WITH INTERPRETATION AND REPORT, SAME DAY (EG, DIURNAL CURVE OR MEDICAL TREATMENT OF ACUTE ELEVATION OF INTRAOCULAR PRESSURE)	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92135	01:CPT	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, (EG, SCANNING LASER) WITH INTERPRETATION AND REPORT, UNILATERAL	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92136	01:CPT	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCULAR LENS POWER CALCULATION	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92225	01:CPT	OPHTHALMOSCOPY, EXTENDED, WITH RETINAL DRAWING (EG, FOR RETINAL DETACHMENT, MELANOMA), WITH INTERPRETATION AND REPORT; INITIAL	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92226	01:CPT	OPHTHALMOSCOPY, EXTENDED, WITH RETINAL DRAWING (EG, FOR RETINAL DETACHMENT, MELANOMA), WITH INTERPRETATION AND REPORT; SUBSEQUENT	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES

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92235	01:CPT	FLUORESCIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION AND REPORT	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92250	01:CPT	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92285	01:CPT	EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REPORT FOR DOCUMENTATION OF MEDICAL PROGRESS (EG, CLOSE-UP PHOTOGRAPHY, SLIT LAMP PHOTOGRAPHY, GONIOPHOTOGRAPHY, STEREO-PHOTOGRAPHY)	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92286	01:CPT	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH INTERPRETATION AND REPORT; WITH SPECULAR ENDOTHELIAL MICROSCOPY AND CELL COUNT	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92310	01:CPT	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION; CORNEAL LENS, BOTH EYES, EXCEPT FOR APHAKIA	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92314	01:CPT	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION AND DIRECTION OF FITTING BY INDEPENDENT TECHNICIAN; CORNEAL LENS, BOTH EYES EXCEPT FOR APHAKIA	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92340	01:CPT	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MONOFOCAL	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92341	01:CPT	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; BIFOCAL	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92342	01:CPT	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MULTIFOCAL, OTHER THAN BIFOCAL	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92370	01:CPT	REPAIR AND REFITTING SPECTACLES; EXCEPT FOR APHAKIA	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92371	01:CPT	REPAIR AND REFITTING SPECTACLES; SPECTACLE PROSTHESIS FOR APHAKIA	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92499	01:CPT	UNLISTED OPHTHALMOLOGICAL SERVICE OR PROCEDURE	-	-	-	-	11.05 PHYSICIAN SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92502	01:CPT	OTOLARYNGOLOGIC EXAMINATION UNDER GENERAL ANESTHESIA	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92506	01:CPT	EVALUATION OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92507	01:CPT	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92508	01:CPT	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; GROUP, 2 OR MORE INDIVIDUALS	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92526	01:CPT	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92541	01:CPT	SPONTANEOUS NYSTAGMUS TEST, INCLUDING GAZE AND FIXATION NYSTAGMUS, WITH RECORDING	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92550	01:CPT	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92551	01:CPT	SCREENING TEST, PURE TONE, AIR ONLY	-	-	-	-	11.02 HEALTH ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92552	01:CPT	PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92553	01:CPT	BONE	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92555	01:CPT	SPEECH AUDIOMETRY THRESHOLD;	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92556	01:CPT	SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92557	01:CPT	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (92553 AND 92556 COMBINED)	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92563	01:CPT	TONE DECAY TEST	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92565	01:CPT	STENGER TEST, PURE TONE	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92567	01:CPT	TYMPANOMETRY (IMPEDANCE TESTING)	-	-	-	-	11.02 HEALTH ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92568	01:CPT	ACOUSTIC REFLEX TESTING, THRESHOLD	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES

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92569	01:CPT	ACOUSTIC REFLEX DECAY TEST	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92571	01:CPT	FILTERED SPEECH TEST	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92572	01:CPT	STAGGERED SPONDAIC WORD TEST	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92577	01:CPT	STENGER TEST, SPEECH	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92579	01:CPT	VISUAL REINFORCEMENT AUDIOMETRY (VRA)	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92582	01:CPT	CONDITIONING PLAY AUDIOMETRY	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92583	01:CPT	SELECT PICTURE AUDIOMETRY	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92584	01:CPT	ELECTROCOCHLEOGRAPHY	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92585	01:CPT	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE CENTRAL NERVOUS SYSTEM; COMPREHENSIVE	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92586	01:CPT	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE CENTRAL NERVOUS SYSTEM; LIMITED	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92587	01:CPT	EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER TRANSIENT OR DISTORTION PRODUCTS)	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92588	01:CPT	EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR DIAGNOSTIC EVALUATION (COMPARISON OF TRANSIENT AND/OR DISTORTION PRODUCT OTOACOUSTIC EMISSIONS AT MULTIPLE LEVELS AND FREQUENCIES)	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92590	01:CPT	HEARING AID EXAMINATION AND SELECTION; MONAURAL	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92591	01:CPT	BINAURAL	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92592	01:CPT	HEARING AID CHECK; MONAURAL	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92593	01:CPT	HEARING AID CHECK; BINAURAL	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92594	01:CPT	ELECTROACOUSTIC EVALUATION FOR HEARING AID; MONAURAL	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92595	01:CPT	ELECTROACOUSTIC EVALUATION FOR HEARING AID; BINAURAL	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92604	01:CPT	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; SUBSEQUENT REPROGRAMMING EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICE, FACE-TO-FACE WITH THE PATIENT; FIRST HOUR	-	-	-	-	11.05 PHYSICIAN SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92607	01:CPT	THERAPEUTIC SERVICES FOR THE USE OF SPEECH-GENERATING DEVICE, INCLUDING PROGRAMMING AND MODIFICATION	-	-	-	-	11.02 HEALTH ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92609	01:CPT	EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92610	01:CPT	MOTION FLUOROSCOPIC EVALUATION OF SWALLOWING FUNCTION BY CINE OR VIDEO RECORDING	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92611	01:CPT	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIAL 60 MINUTES	-	-	-	-	11.05 PHYSICIAN SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92620	01:CPT	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADDITIONAL 15 MINUTES	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92621	01:CPT	AUDITORY REHABILITATION; PRELINGUAL HEARING LOSS	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92630	01:CPT	CARDIOPULMONARY RESUSCITATION (EG, IN CARDIAC ARREST)	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92950	01:CPT	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA; EXTERNAL	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92960	01:CPT	THROMBOLYSIS, CORONARY; BY INTRAVENOUS INFUSION	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92977	01:CPT	INTRAVASCULAR ULTRASOUND (CORONARY VESSEL OR GRAFT) DURING DIAGNOSTIC EVALUATION AND/OR THERAPEUTIC INTERVENTION INCLUDING IMAGING SUPERVISION, INTERPRETATION AND REPORT; INITIAL VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92978	01:CPT		-	-	-	-		

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92980	01:CPT	TRANSCATHETER PLACEMENT OF AN INTRACORONARY STENT(S), PERCUTANEOUS, WITH OR WITHOUT OTHER THERAPEUTIC INTERVENTION, ANY METHOD; SINGLE VESSEL	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
92981	01:CPT	TRANSCATHETER PLACEMENT OF AN INTRACORONARY STENT(S), PERCUTANEOUS, WITH OR WITHOUT OTHER THERAPEUTIC INTERVENTION, ANY METHOD; EACH ADDITIONAL VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
95831	01:CPT	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; EXTREMITY (EXCLUDING HAND) OR TRUNK	-	-	-	-	11.02 HEALTH ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
95832	01:CPT	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; HAND, WITH OR WITHOUT COMPARISON WITH NORMAL SIDE	-	-	-	-	11.02 HEALTH ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
95852	01:CPT	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); HAND, WITH OR WITHOUT COMPARISON WITH NORMAL SIDE	-	-	-	-	11.05 PHYSICIAN SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
96101	01:CPT	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY, INTELLECTUAL ABILITIES, PERSONALITY AND PSYCHOPATHOLOGY, EG, MMPI, RORSCHACH, WAIS), PER HOUR OF THE PSYCHOLOGIST'S OR PHYSICIAN'S TIME, BOTH FACE-TO-FACE TIME ADMINISTERING TEST	-	-	-	-	10.01 MENTAL HEALTH ASSESSMENT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
96102	01:CPT	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY, INTELLECTUAL ABILITIES, PERSONALITY AND PSYCHOPATHOLOGY, EG, MMPI AND WAIS), WITH QUALIFIED HEALTH CARE PROFESSIONAL INTERPRETATION AND REPORT, ADMINISTERED BY TECHNICIAN, PER HOUR	-	-	-	-	10.01 MENTAL HEALTH ASSESSMENT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
96105	01:CPT	ASSESSMENT OF APHASIA	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
96110	01:CPT	DEVELOPMENTAL TESTING; LIMITED (EG, DEVELOPMENTAL SCREENING TEST II, EARLY LANGUAGE MILESTONE SCREEN), WITH INTERPRETATION AND REPORT	-	-	-	-	10.01 MENTAL HEALTH ASSESSMENT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
96111	01:CPT	DEVELOPMENTAL TESTING; EXTENDED (INCLUDES ASSESSMENT OF MOTOR, LANGUAGE, SOCIAL, ADAPTIVE AND/OR COGNITIVE FUNCTIONING BY STANDARDIZED DEVELOPMENTAL INSTRUMENTS) WITH INTERPRETATION AND REPORT	-	-	-	-	10.01 MENTAL HEALTH ASSESSMENT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
96116	01:CPT	NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING AND JUDGMENT, EG, ACQUIRED KNOWLEDGE, ATTENTION, LANGUAGE, MEMORY, PLANNING AND PROBLEM SOLVING, AND VISUAL SPATIAL ABILITIES), PER HOUR OF THE PSYCHOLOGIST'S OR PHYSICIAN'S TIME	-	-	-	-	10.01 MENTAL HEALTH ASSESSMENT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
96118	01:CPT	NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BATTERY, WECHSLER MEMORY SCALES AND WISCONSIN CARD SORTING TEST), PER HOUR OF THE PSYCHOLOGIST'S OR PHYSICIAN'S TIME	-	-	-	-	10.01 MENTAL HEALTH ASSESSMENT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
96119	01:CPT	NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BATTERY, WECHSLER MEMORY SCALES AND WISCONSIN CARD SORTING TEST), WITH QUALIFIED HEALTH CARE PROFESSIONAL INTERPRETATION AND REPORT, ADMINISTERED BY TECHNICIAN, PER HOUR OF TECHNICIAN TIME	-	-	-	-	10.01 MENTAL HEALTH ASSESSMENT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES

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96120	01:CPT	NEUROPSYCHOLOGICAL TESTING (EG, WISCONSIN CARD SORTING TEST), ADMINISTERED BY A COMPUTER, WITH QUALIFIED HEALTH CARE PROFESSIONAL INTERPRETATION AND REPORT	-	-	-	-	10.01 MENTAL HEALTH ASSESSMENT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
96150	01:CPT	HEALTH AND BEHAVIOR ASSESSMENT (EG, HEALTH-FOCUSED CLINICAL INTERVIEW, BEHAVIORAL OBSERVATIONS, PSYCHOPHYSIOLOGICAL MONITORING, HEALTH-ORIENTED QUESTIONNAIRES), EACH 15 MINUTES FACE-TO-FACE WITH THE PATIENT; INITIAL ASSESSMENT	-	-	-	-	10.01 MENTAL HEALTH ASSESSMENT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
96151	01:CPT	HEALTH AND BEHAVIOR ASSESSMENT (EG, HEALTH-FOCUSED CLINICAL INTERVIEW, BEHAVIORAL OBSERVATIONS, PSYCHOPHYSIOLOGICAL MONITORING, HEALTH-ORIENTED QUESTIONNAIRES), EACH 15 MINUTES FACE-TO-FACE WITH THE PATIENT; RE-ASSESSMENT	-	-	-	-	10.01 MENTAL HEALTH ASSESSMENT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
96152	01:CPT	HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; INDIVIDUAL	-	-	-	-	10.04 BEHAVIOR SUPPORT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
96153	01:CPT	HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; GROUP (2 OR MORE PATIENTS)	-	-	-	-	10.04 BEHAVIOR SUPPORT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
96154	01:CPT	HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; FAMILY (WITH THE PATIENT PRESENT)	-	-	-	-	10.04 BEHAVIOR SUPPORT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
96155	01:CPT	HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; FAMILY (WITHOUT PATIENT PRESENT)	-	-	-	-	10.04 BEHAVIOR SUPPORT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
96360	01:CPT	INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES TO 1 HOUR	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
96365	01:CPT	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); INITIAL, UP TO 1 HOUR	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
96366	01:CPT	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	-	-	-	-	11.05 PHYSICIAN SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
96367	01:CPT	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); ADDITIONAL SEQUENTIAL INFUSION, UP TO 1 HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	-	-	-	-	11.05 PHYSICIAN SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
96368	01:CPT	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); CONCURRENT INFUSION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	-	-	-	-	11.05 PHYSICIAN SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
96372	01:CPT	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); SUBCUTANEOUS OR INTRAMUSCULAR	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
96374	01:CPT	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); INTRAVENOUS PUSH, SINGLE OR INITIAL SUBSTANCE/DRUG	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
96375	01:CPT	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL SEQUENTIAL INTRAVENOUS PUSH OF A NEW SUBSTANCE/DRUG (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES

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96376	01:CPT	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL SEQUENTIAL INTRAVENOUS PUSH OF THE SAME SUBSTANCE/DRUG PROVIDED IN A FACILITY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
97001	01:CPT	PHYSICAL THERAPY EVALUATION	-	-	-	-	11.09 PHYSICAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
97002	01:CPT	PHYSICAL THERAPY RE-EVALUATION	-	-	-	-	11.09 PHYSICAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
97003	01:CPT	OCCUPATIONAL THERAPY ASSESSMENT FOR PERSONS IN THE DEVELOPMENTAL SERVICE	-	-	-	-	11.08 OCCUPATIONAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
97004	01:CPT	OCCUPATIONAL THERAPY RE-EVALUATION	-	-	-	-	11.08 OCCUPATIONAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
97005	01:CPT	ATHLETIC TRAINING EVALUATION	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
97010	01:CPT	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; HOT OR COLD PACKS	-	-	-	-	11.05 PHYSICIAN SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
97016	01:CPT	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; VASOPNEUMATIC DEVICES	-	-	-	-	11.09 PHYSICAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
97032	01:CPT	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ELECTRICAL STIMULATION (MANUAL), EACH 15 MINUTES	-	-	-	-	11.09 PHYSICAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
97033	01:CPT	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; IONTOPHORESIS, EACH 15 MINUTES	-	-	-	-	11.09 PHYSICAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
97035	01:CPT	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES	-	-	-	-	11.05 PHYSICIAN SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
97039	01:CPT	UNLISTED MODALITY (SPECIFY TYPE AND TIME IF CONSTANT ATTENDANCE)	-	-	-	-	11.05 PHYSICIAN SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
97110	01:CPT	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	-	-	-	-	11.09 PHYSICAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
97112	01:CPT	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR REEDUCATION OF MOVEMENT, BALANCE, COORDINATION, KINESTHETIC SENSE, POSTURE, AND/OR PROPRIOCEPTION FOR SITTING AND/OR STANDING ACTIVITIES	-	-	-	-	11.09 PHYSICAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
97113	01:CPT	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; AQUATIC THERAPY WITH THERAPEUTIC EXERCISES	-	-	-	-	11.09 PHYSICAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
97116	01:CPT	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (INCLUDES STAIR CLIMBING)	-	-	-	-	11.09 PHYSICAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
97124	01:CPT	MASSAGE THERAPY	-	-	-	-	11.09 PHYSICAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
97139	01:CPT	UNLISTED THERAPEUTIC PROCEDURE (SPECIFY)	-	-	-	-	11.09 PHYSICAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
97140	01:CPT	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/ MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION), 1 OR MORE REGIONS, EACH 15 MINUTES	-	-	-	-	11.09 PHYSICAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
97150	01:CPT	THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)	-	-	-	-	11.09 PHYSICAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
97530	01:CPT	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	-	-	-	-	11.09 PHYSICAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
97532	01:CPT	DEVELOPMENT OF COGNITIVE SKILLS TO IMPROVE ATTENTION, MEMORY, PROBLEM SOLVING (INCLUDES COMPENSATORY TRAINING), DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER, EACH 15 MINUTES	-	-	-	-	11.12 COGNITIVE REHABILITATIVE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES

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97533	01:CPT	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE ADAPTIVE RESPONSES TO ENVIRONMENTAL DEMANDS, DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER, EACH 15 MINUTES	-	-	-	-	11.12 COGNITIVE REHABILITATIVE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
97535	01:CPT	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS IN USE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT BY PROVIDER	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
97537	01:CPT	COMMUNITY/WORK REINTEGRATION TRAINING (EG, SHOPPING, TRANSPORTATION, MONEY MANAGEMENT, AVOCATIONAL ACTIVITIES AND/OR WORK ENVIRONMENT/MODIFICATION ANALYSIS, WORK TASK ANALYSIS, USE OF ASSISTIVE TECHNOLOGY DEVICE/ADAPTIVE EQUIPMENT)	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
97542	01:CPT	WHEELCHAIR MANAGEMENT (EG, ASSESSMENT, FITTING, TRAINING), EACH 15 MINUTES	-	-	-	-	11.09 PHYSICAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
97597	01:CPT	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WITHOUT ANESTHESIA (EG, HIGH PRESSURE WATERJET WITH/WITHOUT SUCTION, SHARP SELECTIVE DEBRIDEMENT WITH SCISSORS, SCALPEL AND FORCEPS), WITH OR WITHOUT TOPICAL APPLICATION(S)	-	-	-	-	11.05 PHYSICIAN SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
97598	01:CPT	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WITHOUT ANESTHESIA (EG, HIGH PRESSURE WATERJET WITH/WITHOUT SUCTION, SHARP SELECTIVE DEBRIDEMENT WITH SCISSORS, SCALPEL AND FORCEPS), WITH OR WITHOUT TOPICAL APPLICATION(S)	-	-	-	-	11.05 PHYSICIAN SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
97760	01:CPT	ORTHOTIC TRAINING	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
97761	01:CPT	PROSTHETIC TRAINING	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
97802	01:CPT	MEDICAL NUTRITION THERAPY; INITIAL ASSESSMENT AND INTERVENTION, INDIVIDUAL, FACE-TO-FACE WITH THE PATIENT, EACH 15 MINUTES	-	-	-	-	11.04 NUTRITION CONSULTATION	11 OTHER HEALTH AND THERAPEUTIC SERVICES
97803	01:CPT	MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTION, INDIVIDUAL, FACE-TO-FACE WITH THE PATIENT, EACH 15 MINUTES	-	-	-	-	11.04 NUTRITION CONSULTATION	11 OTHER HEALTH AND THERAPEUTIC SERVICES
97804	01:CPT	MEDICAL NUTRITION THERAPY; GROUP (2 OR MORE INDIVIDUAL(S)), EACH 30 MINUTES	-	-	-	-	11.04 NUTRITION CONSULTATION	11 OTHER HEALTH AND THERAPEUTIC SERVICES
98960	01:CPT	EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT BY A QUALIFIED, NONPHYSICIAN HEALTH CARE PROFESSIONAL USING A STANDARDIZED CURRICULUM, FACE-TO-FACE WITH THE PATIENT (COULD INCLUDE CAREGIVER/FAMILY) EACH 30 MINUTES; INDIVIDUAL PATIENT	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
98961	01:CPT	EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT BY A QUALIFIED, NONPHYSICIAN HEALTH CARE PROFESSIONAL USING A STANDARDIZED CURRICULUM, FACE-TO-FACE WITH THE PATIENT (COULD INCLUDE CAREGIVER/FAMILY) EACH 30 MINUTES; 2-4 PATIENTS	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
98962	01:CPT	EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT BY A QUALIFIED, NONPHYSICIAN HEALTH CARE PROFESSIONAL USING A STANDARDIZED CURRICULUM, FACE-TO-FACE WITH THE PATIENT (COULD INCLUDE CAREGIVER/FAMILY) EACH 30 MINUTES; 5-8 PATIENTS	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING

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99070	01:CPT	SUPPLIES AND MATERIALS (EXCEPT SPECTACLES), PROVIDED BY THE PHYSICIAN OVER AND ABOVE THOSE USUALLY INCLUDED WITH THE OFFICE VISIT OR OTHER SERVICES RENDERED (LIST DRUGS, TRAYS, SUPPLIES, OR MATERIALS PROVIDED)	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
99144	01:CPT	MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00100-01999) PROVIDED BY THE SAME PHYSICIAN PERFORMING THE DIAGNOSTIC OR THERAPEUTIC SERVICE THAT THE SEDATION SUPPORTS, REQUIRING THE PRESENCE OF AN INDEPENDENT TRAINED OBSERVER TO OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION; STRAIGHTFORWARD MEDICAL DECISION MAKING. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE SELF LIMITED OR MINOR. PHYSICIANS TYPICALLY SPEND 10 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	-	-	-	-	11.05 PHYSICIAN SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99201	01:CPT	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; STRAIGHTFORWARD MEDICAL DECISION MAKING. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE OF LOW TO MODERATE SEVERITY. PHYSICIANS TYPICALLY SPEND 20 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99202	01:CPT	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE OF LOW TO MODERATE SEVERITY. PHYSICIANS TYPICALLY SPEND 20 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99203	01:CPT	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE	-	-	-	-	11.05 PHYSICIAN SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99204	01:CPT	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE	-	-	-	-	11.05 PHYSICIAN SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99205	01:CPT	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE	-	-	-	-	11.05 PHYSICIAN SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES

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99211	01:CPT	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, THAT MAY NOT REQUIRE THE PRESENCE OF A PHYSICIAN. USUALLY, THE PRESENTING PROBLEM(S) ARE MINIMAL. TYPICALLY, 5 MINUTES ARE SPENT PERFORMING OR SUPERVISING THESE SERVICES.	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99212	01:CPT	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION; STRAIGHTFORWARD MEDICAL DECISION MAKING.	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99213	01:CPT	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99213	01:CPT	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99213	01:CPT	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99214	01:CPT	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE OF MODERATE TO HIGH SEVERITY. PHYSICIANS TYPICALLY SPEND 25 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99215	01:CPT	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99221	01:CPT	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED OR COMPREHENSIVE HISTORY; A DETAILED OR COMPREHENSIVE EXAMINATION	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES

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99231	01:CPT	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED INTERVAL HISTORY; A PROBLEM FOCUSED EXAMINATION	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99232	01:CPT	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED INTERVAL HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99253	01:CPT	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; AND MEDICAL DECISION MAKING OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE OF MODERATE SEVERITY. PHYSICIANS TYPICALLY SPEND 55 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S HOSPITAL FLOOR OR UNIT.	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99255	01:CPT	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99282	01:CPT	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; AND MEDICAL DECISION MAKING OF LOW COMPLEXITY.	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99283	01:CPT	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99283	01:CPT	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99284	01:CPT	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES

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99285	01:CPT	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS WITHIN THE CONSTRAINTS IMPOSED BY THE URGENCY OF THE PATIENT'S CLINICAL CONDITION AND/OR MENTAL STATUS: A COMPREHENSIVE HISTORY	-	-	-	-	11.05 PHYSICIAN SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99343	01:CPT	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE OF MODERATE TO HIGH SEVERITY. PHYSICIANS TYPICALLY SPEND 45 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99347	01:CPT	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED INTERVAL HISTORY; A PROBLEM FOCUSED EXAMINATION; STRAIGHTFORWARD MEDICAL DECISION MAKING. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE SELF LIMITED OR MINOR. PHYSICIANS TYPICALLY SPEND 15 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99348	01:CPT	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED INTERVAL HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE OF LOW TO MODERATE SEVERITY. PHYSICIANS TYPICALLY SPEND 25 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99349	01:CPT	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED INTERVAL HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE MODERATE TO HIGH SEVERITY. PHYSICIANS TYPICALLY SPEND 40 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES

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99349	01:CPT	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED INTERVAL HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE MODERATE TO HIGH SEVERITY. PHYSICIANS TYPICALLY SPEND 40 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99382	01:CPT	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND SEX APPROPRIATE HISTORY, EXAMINATION, COUNSELING/ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION INTERVENTIONS, AND THE ORDERING OF LABORATORY/DIAGNOSTIC PROCEDURES, NEW PATIENT; EARLY CHILDHOOD (AGE 1 THROUGH 4 YEARS)	-	-	-	-	11.03 MEDICATION ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99383	01:CPT	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND SEX APPROPRIATE HISTORY, EXAMINATION, COUNSELING/ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION INTERVENTIONS, AND THE ORDERING OF LABORATORY/DIAGNOSTICS	-	-	-	-	11.05 PHYSICIAN SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99385	01:CPT	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND SEX APPROPRIATE HISTORY, EXAMINATION, COUNSELING/ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION INTERVENTIONS, AND THE ORDERING OF LABORATORY/DIAGNOSTIC PROCEDURES, NEW PATIENT; 18-39 YEARS	-	-	-	-	11.03 MEDICATION ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99386	01:CPT	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND SEX APPROPRIATE HISTORY, EXAMINATION, COUNSELING/ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION INTERVENTIONS, AND THE ORDERING OF LABORATORY/DIAGNOSTIC PROCEDURES, NEW PATIENT; 40-64 YEARS	-	-	-	-	11.03 MEDICATION ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99391	01:CPT	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND SEX APPROPRIATE HISTORY, EXAMINATION, COUNSELING/ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION INTERVENTIONS, AND THE ORDERING OF LABORATORY/DIAGNOSTIC PROCEDURES, ESTABLISHED PATIENT; INFANT (AGE YOUNGER THAN 1 YEAR)	-	-	-	-	11.03 MEDICATION ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99392	01:CPT	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND SEX APPROPRIATE HISTORY, EXAMINATION, COUNSELING/ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION INTERVENTIONS, AND THE ORDERING OF LABORATORY/DIAGNOSTIC PROCEDURES, ESTABLISHED PATIENT; EARLY CHILDHOOD (AGE 1 THROUGH 4 YEARS)	-	-	-	-	11.03 MEDICATION ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES

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99393	01:CPT	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND SEX APPROPRIATE HISTORY, EXAMINATION, COUNSELING/ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION INTERVENTIONS, AND THE ORDERING OF LABORATORY/DIAGNOSTICS	-	-	-	-	11.03 MEDICATION ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99394	01:CPT	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND SEX APPROPRIATE HISTORY, EXAMINATION, COUNSELING/ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION INTERVENTIONS, AND THE ORDERING OF LABORATORY/DIAGNOSTICS	-	-	-	-	11.03 MEDICATION ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99395	01:CPT	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND SEX APPROPRIATE HISTORY, EXAMINATION, COUNSELING/ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION INTERVENTIONS, AND THE ORDERING OF LABORATORY/DIAGNOSTICS	-	-	-	-	11.03 MEDICATION ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99396	01:CPT	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND SEX APPROPRIATE HISTORY, EXAMINATION, COUNSELING/ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION INTERVENTIONS, AND THE ORDERING OF LABORATORY/DIAGNOSTICS	-	-	-	-	11.03 MEDICATION ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99397	01:CPT	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND SEX APPROPRIATE HISTORY, EXAMINATION, COUNSELING/ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION INTERVENTIONS, AND THE ORDERING OF LABORATORY/DIAGNOSTICS	-	-	-	-	11.03 MEDICATION ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99401	01:CPT	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO AN INDIVIDUAL (SEPARATE PROCEDURE); APPROXIMATELY 15 MINUTES	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99402	01:CPT	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO AN INDIVIDUAL (SEPARATE PROCEDURE); APPROXIMATELY 30 MINUTES	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99412	01:CPT	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO INDIVIDUALS IN A GROUP SETTING (SEPARATE PROCEDURE); APPROXIMATELY 60 MINUTES	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99450	01:CPT	BASIC LIFE AND/OR DISABILITY EXAMINATION THAT INCLUDES: MEASUREMENT OF HEIGHT, WEIGHT, AND BLOOD PRESSURE; COMPLETION OF A MEDICAL HISTORY FOLLOWING A LIFE INSURANCE PRO FORMA; COLLECTION OF BLOOD SAMPLE AND/OR URINALYSIS COMPLYING WITH "CHAIN OF CUSTODY"	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99499	01:CPT	UNLISTED EVALUATION AND MANAGEMENT SERVICE HOME VISIT FOR PRENATAL MONITORING AND ASSESSMENT TO INCLUDE FETAL HEART RATE, NON-STRESS TEST, UTERINE MONITORING, AND GESTATIONAL DIABETES MONITORING	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99500	01:CPT	HOME VISIT FOR NEWBORN CARE AND ASSESSMENT	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99502	01:CPT	HOME VISIT FOR NEWBORN CARE AND ASSESSMENT	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99503	01:CPT	HOME VISIT FOR RESPIRATORY THERAPY CARE	-	-	-	-	11.11 RESPIRATORY THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99504	01:CPT	HOME VISIT FOR MECHANICAL VENTILATION CARE	-	-	-	-	11.11 RESPIRATORY THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99509	01:CPT	HOME VISIT FOR ASSISTANCE WITH ACTIVITIES OF DAILY LIVING AND PERSONAL CARE	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES

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99510	01:CPT	HOME VISIT FOR INDIVIDUAL, FAMILY, OR MARRIAGE COUNSELING	-	-	-	-	10.06 COUNSELING	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
99601	01:CPT	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, PER VISIT (UP TO 2 HOURS)	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99605	01:CPT	MEDICATION THERAPY MANAGEMENT, INITIAL 15 MINUTES, NEW PATIENT	-	-	-	-	11.03 MEDICATION ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99606	01:CPT	MEDICATION THERAPY MANAGEMENT, INITIAL 15 MINUTES, ESTABLISHED PATIENT	-	-	-	-	11.03 MEDICATION ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99607	01:CPT	MEDICATION THERAPY MANAGEMENT, EACH ADDITIONAL 15 MINUTES	-	-	-	-	11.03 MEDICATION ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
A0170	06:HCPCS	TRANSPORTATION ANCILLARY: PARKING FEES, TOLLS, OTHER	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
A0180	06:HCPCS	NON-EMERGENCY TRANSPORTATION: ANCILLARY: LODGING-RECIPIENT	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
A0190	06:HCPCS	NON-EMERGENCY TRANSPORTATION: ANCILLARY: MEALS-RECIPIENT	-	-	-	-	06.01 HOME DELIVERED MEALS	06 HOME DELIVERED MEALS
A0210	06:HCPCS	NON-EMERGENCY TRANSPORTATION: ANCILLARY: MEALS-ESCORT	-	-	-	-	06.01 HOME DELIVERED MEALS	06 HOME DELIVERED MEALS
A0382	06:HCPCS	BLS ROUTINE DISPOSABLE SUPPLIES	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
A0394	06:HCPCS	ALS SPECIALIZED SERVICE DISPOSABLE SUPPLIES; IV DRUG THERAPY	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
A0398	06:HCPCS	ALS ROUTINE DISPOSABLE SUPPLIES	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
A0422	06:HCPCS	AMBULANCE (ALS OR BLS) OXYGEN AND OXYGEN SUPPLIES, LIFE SUSTAINING SITUATION	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
A0425	06:HCPCS	GROUND MILEAGE, PER STATUTE MILE	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
A0426	06:HCPCS	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 (ALS 1)	-	-	-	-	17.99.9 OTHER	17 OTHER
A0427	06:HCPCS	EMERGENCY TRANSPORT, LEVEL 1 (ALS1-EMERGENCY)	-	-	-	-	17.99.9 OTHER	17 OTHER
A0428	06:HCPCS	AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT, (BLS)	-	-	-	-	17.99.9 OTHER	17 OTHER
A0429	06:HCPCS	AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT (BLS-EMERGENCY)	-	-	-	-	17.99.9 OTHER	17 OTHER
A0430	06:HCPCS	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)	-	-	-	-	17.99.9 OTHER	17 OTHER
A0431	06:HCPCS	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (ROTARY WING)	-	-	-	-	17.99.9 OTHER	17 OTHER
A0433	06:HCPCS	ADVANCED LIFE SUPPORT, LEVEL 2 (ALS 2)	-	-	-	-	17.99.9 OTHER	17 OTHER
A0434	06:HCPCS	SPECIALTY CARE TRANSPORT (SCT)	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
A0435	06:HCPCS	FIXED WING AIR MILEAGE, PER STATUTE MILE	-	-	-	-	17.99.9 OTHER	17 OTHER
A0436	06:HCPCS	ROTARY WING AIR MILEAGE, PER STATUTE MILE	-	-	-	-	17.99.9 OTHER	17 OTHER
A0998	06:HCPCS	AMBULANCE RESPONSE AND TREATMENT, NO TRANSPORT	-	-	-	-	17.99.9 OTHER	17 OTHER
A7527	06:HCPCS	TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH	-	-	-	-	17.99.9 OTHER	17 OTHER
A9150	06:HCPCS	NON-PRESCRIPTION DRUGS	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
A9152	06:HCPCS	SINGLE VITAMIN/MINERAL/TRACE ELEMENT, ORAL, PER DOSE, NOT OTHERWISE SPECIFIED	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
A9153	06:HCPCS	MULTIPLE VITAMINS, WITH OR WITHOUT MINERALS AND TRACE ELEMENTS, ORAL, PER DOSE,	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
A9999	06:HCPCS	MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
B4088	06:HCPCS	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
B9000	06:HCPCS	ALARM	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
B9002	06:HCPCS	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
B9004	06:HCPCS	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
B9006	06:HCPCS	PARENTERAL NUTRITION INFUSION PUMP, STATIONARY	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
B9998	06:HCPCS	NOC FOR ENTERAL SUPPLIES	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
B9999	06:HCPCS	NOC FOR PARENTERAL SUPPLIES	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0100	06:HCPCS	CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS

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E0105	06:HCPCS	CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0110	06:HCPCS	CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0111	06:HCPCS	CRUTCH FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0112	06:HCPCS	CRUTCHES UNDERARM, WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0114	06:HCPCS	CRUTCHES UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0130	06:HCPCS	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0135	06:HCPCS	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0140	06:HCPCS	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0141	06:HCPCS	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0143	06:HCPCS	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0144	06:HCPCS	WALKER, ENCLOSED, FOUR SIDED FRAMED, RIGID OR FOLDING, WHEELED WITH POSTERIOR	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0147	06:HCPCS	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0148	06:HCPCS	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0149	06:HCPCS	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0154	06:HCPCS	PLATFORM ATTACHMENT, WALKER, EACH	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0155	06:HCPCS	PAIR	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0156	06:HCPCS	SEAT ATTACHMENT, WALKER	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0158	06:HCPCS	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0159	06:HCPCS	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0160	06:HCPCS	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0161	06:HCPCS	WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENT/S	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0163	06:HCPCS	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0165	06:HCPCS	COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0167	06:HCPCS	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0168	06:HCPCS	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0175	06:HCPCS	FOOT REST, FOR USE WITH COMMODE CHAIR, EACH	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0180	06:HCPCS	PRESSURE PAD, ALTERNATING WITH PUMP	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0181	06:HCPCS	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0182	06:HCPCS	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0184	06:HCPCS	DRY PRESSURE MATTRESS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0185	06:HCPCS	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0186	06:HCPCS	AIR PRESSURE MATTRESS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0188	06:HCPCS	SYNTHETIC SHEEPSKIN PAD	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0189	06:HCPCS	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0190	06:HCPCS	OR SIZE, INCLUDES ALL COMPONENTS AND ACCESSORIES	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS

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E0191	06:HCPCS	HEEL OR ELBOW PROTECTOR, EACH	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0193	06:HCPCS	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0194	06:HCPCS	AIR FLUIDIZED BED	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0196	06:HCPCS	GEL PRESSURE MATTRESS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0197	06:HCPCS	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0199	06:HCPCS	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0202	06:HCPCS	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0210	06:HCPCS	ELECTRIC HEAT PAD, STANDARD	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0215	06:HCPCS	ELECTRIC HEAT PAD, MOIST	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0217	06:HCPCS	WATER CIRCULATING HEAT PAD WITH PUMP	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0235	06:HCPCS	PARAFFIN BATH UNIT, PORTABLE (SEE MEDICAL SUPPLY CODE A4265 FOR PARAFFIN)	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0240	06:HCPCS	BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0241	06:HCPCS	BATH TUB WALL RAIL, EACH	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0242	06:HCPCS	BATHTUB	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0243	06:HCPCS	TOILET RAIL, EACH	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0244	06:HCPCS	RAISED TOILET SEAT	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0245	06:HCPCS	TUB STOOL OR BENCH	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0246	06:HCPCS	TRANSFER TUB RAIL ATTACHMENT	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0247	06:HCPCS	TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0248	06:HCPCS	TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0249	06:HCPCS	PAD FOR WATER CIRCULATING HEAT UNIT	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0250	06:HCPCS	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0255	06:HCPCS	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0260	06:HCPCS	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0261	06:HCPCS	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0265	06:HCPCS	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0266	06:HCPCS	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0271	06:HCPCS	MATTRESS, INNERSPRING	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0272	06:HCPCS	MATTRESS, FOAM RUBBER	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0273	06:HCPCS	BED BOARD	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0274	06:HCPCS	OVER-BED TABLE	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0275	06:HCPCS	BED PAN, STANDARD, METAL OR PLASTIC	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0276	06:HCPCS	BED PAN, FRACTURE, METAL OR PLASTIC	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0277	06:HCPCS	POWERED PRESSURE-REDUCING AIR MATTRESS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0280	06:HCPCS	BED CRADLE, ANY TYPE	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0300	06:HCPCS	PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0301	06:HCPCS	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0302	06:HCPCS	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0303	06:HCPCS	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS

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E0304	06:HCPCS	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0305	06:HCPCS	BED SIDE RAILS, HALF LENGTH	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0310	06:HCPCS	BED SIDE RAILS, FULL LENGTH	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0315	06:HCPCS	BED ACCESSORY: BOARD, TABLE, OR SUPPORT DEVICE, ANY TYPE	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0325	06:HCPCS	URINAL; MALE, JUG-TYPE, ANY MATERIAL	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0326	06:HCPCS	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0328	06:HCPCS	HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLUDES MATTRESS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0329	06:HCPCS	HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLUDES MATTRESS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0371	06:HCPCS	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0372	06:HCPCS	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0424	06:HCPCS	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0430	06:HCPCS	PORTABLE GASEOUS OXYGEN SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0431	06:HCPCS	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0434	06:HCPCS	INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0439	06:HCPCS	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0441	06:HCPCS	OXYGEN CONTENTS, GASEOUS (FOR USE WITH OWNED GASEOUS STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND PORTABLE GASEOUS SYSTEM ARE OWNED), 1 MONTH'S SUPPLY = 1 UNIT	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0442	06:HCPCS	OXYGEN CONTENTS, LIQUID (FOR USE WITH OWNED LIQUID STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND PORTABLE LIQUID SYSTEM ARE OWNED), 1 MONTH'S SUPPLY = 1 UNIT	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0443	06:HCPCS	PORTABLE OXYGEN CONTENTS, GASEOUS (FOR USE ONLY WITH PORTABLE GASEOUS SYSTEMS WHEN NO STATIONARY GAS OR LIQUID SYSTEM IS USED), 1 MONTH'S SUPPLY = 1 UNIT	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0445	06:HCPCS	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0450	06:HCPCS	VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G., TRACHEOSTOMY TUBE)	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS

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E0463	06:HCPCS	PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G. TRACHEOSTOMY TUBE)	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0464	06:HCPCS	PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH NON-INVASIVE INTERFACE (E.G. MASK)	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0470	06:HCPCS	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0471	06:HCPCS	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0472	06:HCPCS	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE, E.G., TRACHEOSTOMY TUBE (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0480	06:HCPCS	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0481	06:HCPCS	INTRAPULMONARY PERCUSSIVE VENTILATION SYSTEM AND RELATED ACCESSORIES	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0482	06:HCPCS	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0483	06:HCPCS	HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM, (INCLUDES HOSES AND VEST), EACH	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0500	06:HCPCS	IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR AUTOMATIC VALVES; INTERNAL OR EXTERNAL POWER SOURCE	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0550	06:HCPCS	HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENTS OR OXYGEN DELIVERY	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0555	06:HCPCS	HUMIDIFIER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0560	06:HCPCS	HUMIDIFIER, DURABLE FOR SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENT OR OXYGEN DELIVERY	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0561	06:HCPCS	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0562	06:HCPCS	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0565	06:HCPCS	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF- CONTAINED OR CYLINDER DRIVEN	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0570	06:HCPCS	NEBULIZER, WITH COMPRESSOR	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0571	06:HCPCS	AEROSOL COMPRESSOR, BATTERY POWERED, FOR USE WITH SMALL VOLUME NEBULIZER	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0574	06:HCPCS	ULTRASONIC/ELECTRONIC AEROSOL GENERATOR WITH SMALL VOLUME NEBULIZER	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0580	06:HCPCS	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0600	06:HCPCS	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0601	06:HCPCS	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0607	06:HCPCS	HOME BLOOD GLUCOSE MONITOR	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0619	06:HCPCS	APNEA MONITOR, WITH RECORDING FEATURE	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS

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E0621	06:HCPCS	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0627	06:HCPCS	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0628	06:HCPCS	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0629	06:HCPCS	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S)	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0630	06:HCPCS	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0635	06:HCPCS	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0636	06:HCPCS	COMBINATION SIT TO STAND SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEATLIFT	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0637	06:HCPCS	STANDING FRAME SYSTEM, ONE POSITION (E.G. UPRIGHT, SUPINE OR PRONE STANDER),	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0638	06:HCPCS	PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM WITH DISASSEMBLY AND REASSEMBLY	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0639	06:HCPCS	STANDING FRAME SYSTEM, MULTI-POSITION (E.G. THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0641	06:HCPCS	PNEUMATIC COMPRESSOR, NON-SEGMENTAL HOME MODEL	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0650	06:HCPCS	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITHOUT CALIBRATED GRADIENT PRESSURE	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0651	06:HCPCS	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0667	06:HCPCS	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0671	06:HCPCS	TRANSFER DEVICE, ANY TYPE, EACH	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0705	06:HCPCS	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED STIMULATION	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0720	06:HCPCS	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0730	06:HCPCS	FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES (WITH CONDUCTIVE FIBERS SEPARATED FROM THE PATIENT'S SKIN BY LAYERS OF FABRIC)	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0731	06:HCPCS	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0745	06:HCPCS	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL APPLICATIONS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0747	06:HCPCS	OSTEOGENESIS STIMULATOR, LOW INTENSITY	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0760	06:HCPCS	ULTRASOUND, NON-INVASIVE	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0761	06:HCPCS	NON-THERMAL PULSED HIGH FREQUENCY RADIO WAVES, HIGH PEAK POWER ELECTROMAGNETIC ENERGY TREATMENT DEVICE	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0762	06:HCPCS	TRANSCUTANEOUS ELECTRICAL JOINT STIMULATION DEVICE SYSTEM, INCLUDES ALL ACCESSORIES	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0770	06:HCPCS	FUNCTIONAL ELECTRICAL STIMULATOR, TRANSCUTANEOUS STIMULATION OF NERVE AND/OR MUSCLE GROUPS, ANY TYPE, COMPLETE SYSTEM, NOT OTHERWISE SPECIFIED	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0776	06:HCPCS	IV POLE	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0781	06:HCPCS	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0784	06:HCPCS	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0791	06:HCPCS	TRACTION EQUIPMENT, OVERDOOR, CERVICAL	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0860	06:HCPCS		-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS

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E0900	06:HCPCS	TRACTION STAND, FREE STANDING, PELVIC TRACTION, (E.G., BUCK'S)	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0910	06:HCPCS	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0911	06:HCPCS	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0912	06:HCPCS	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0935	06:HCPCS	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE ON KNEE ONLY	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0940	06:HCPCS	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0944	06:HCPCS	PELVIC BELT/HARNESS/BOOT	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0945	06:HCPCS	EXTREMITY BELT/HARNESS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0946	06:HCPCS	FRACTURE, FRAME, DUAL WITH CROSS BARS, ATTACHED TO BED, (E.G. BALKEN, 4 POSTER)	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0950	06:HCPCS	WHEELCHAIR ACCESSORY, TRAY, EACH	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0951	06:HCPCS	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0952	06:HCPCS	TOE LOOP/HOLDER, ANY TYPE, EACH	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0955	06:HCPCS	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0956	06:HCPCS	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0957	06:HCPCS	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0958	06:HCPCS	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0960	06:HCPCS	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0961	06:HCPCS	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0966	06:HCPCS	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0967	06:HCPCS	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0968	06:HCPCS	COMMODE SEAT, WHEELCHAIR	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0971	06:HCPCS	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0972	06:HCPCS	WHEELCHAIR ACCESSORY, TRANSFER BOARD OR DEVICE, EACH	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0973	06:HCPCS	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0978	06:HCPCS	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0980	06:HCPCS	SAFETY VEST, WHEELCHAIR	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0981	06:HCPCS	WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0982	06:HCPCS	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY, EACH	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0985	06:HCPCS	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0986	06:HCPCS	MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST, EACH	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0990	06:HCPCS	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS

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E0992	06:HCPCS	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0994	06:HCPCS	ARM REST, EACH	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0995	06:HCPCS	WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
G0008	06:HCPCS	ADMINISTRATION OF INFLUENZA VIRUS VACCINE	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0009	06:HCPCS	ADMINISTRATION OF PNEUMOCOCCAL VACCINE	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0010	06:HCPCS	ADMINISTRATION OF HEPATITIS B VACCINE	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0101	06:HCPCS	CERVICAL OR VAGINAL CANCER SCREENING; PELVIC AND CLINICAL BREAST EXAMINATION	-	-	-	-	11.02 HEALTH ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0102	06:HCPCS	PROSTATE CANCER SCREENING; DIGITAL RECTAL EXAMINATION	-	-	-	-	11.02 HEALTH ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0103	06:HCPCS	PROSTATE CANCER SCREENING; PROSTATE SPECIFIC ANTIGEN TEST (PSA)	-	-	-	-	11.02 HEALTH ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0105	06:HCPCS	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL AT HIGH RISK	-	-	-	-	11.02 HEALTH ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0108	06:HCPCS	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, INDIVIDUAL, PER 30 MINUTES	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
G0109	06:HCPCS	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, GROUP SESSION (2 OR MORE), PER 30 MINUTES	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
G0121	06:HCPCS	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL NOT MEETING CRITERIA FOR HIGH RISK SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION, SCREENING BY CYTOTECHNOLOGIST UNDER PHYSICIAN SUPERVISION	-	-	-	-	11.02 HEALTH ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0123	06:HCPCS	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION, REQUIRING INTERPRETATION BY PHYSICIAN	-	-	-	-	11.02 HEALTH ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0124	06:HCPCS	DIRECT (FACE-TO-FACE WITH PATIENT) SKILLED NURSING SERVICES OF A REGISTERED NURSE	-	-	-	-	05.02 SKILLED NURSING	05 NURSING
G0128	06:HCPCS	OCCUPATIONAL THERAPY SERVICES REQUIRING THE SKILLS OF A QUALIFIED OCCUPATIONAL THERAPIST	-	-	-	-	11.08 OCCUPATIONAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0129	06:HCPCS	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED SYSTEM, WITH MANUAL RESCREENING, REQUIRING INTERPRETATION BY PHYSICIAN	-	-	-	-	11.02 HEALTH ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0141	06:HCPCS	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION, WITH SCREENING BY AUTOMATED SYSTEM AND MANUAL RESCREENING UNDER PHYSICIAN SUPERVISION	-	-	-	-	11.02 HEALTH ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0145	06:HCPCS	SERVICES OF PHYSICAL THERAPIST IN HOME HEALTH SETTING, EACH 15 MINUTES	-	-	-	-	11.09 PHYSICAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0151	06:HCPCS	SERVICES OF OCCUPATIONAL THERAPIST IN HOME HEALTH SETTING, EACH 15 MINUTES	-	-	-	-	11.08 OCCUPATIONAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0152	06:HCPCS	SERVICES OF SPEECH AND LANGUAGE PATHOLOGIST IN HOME HEALTH SETTING, EACH 15 MINUTES	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0153	06:HCPCS	SERVICES OF SKILLED NURSE IN HOME HEALTH SETTING, EACH 15 MINUTES	-	-	-	-	05.02 SKILLED NURSING	05 NURSING
G0154	06:HCPCS	SERVICES OF CLINICAL SOCIAL WORKER IN HOME HEALTH SETTING, EACH 15 MINUTES	-	-	-	-	10.09 OTHER MENTAL HEALTH AND BEHAVIORAL SERVICES	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
G0155	06:HCPCS	SERVICES OF HOME HEALTH AIDE IN HOME HEALTH SETTING, EACH 15 MINUTES	-	-	-	-	08.02 HOME HEALTH AIDE	08 HOME-BASED SERVICES
G0156	06:HCPCS	SCHEDULED INTERDISCIPLINARY TEAM CONFERENCE	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0175	06:HCPCS	ACTIVITY THERAPY, SUCH AS MUSIC, DANCE, ART OR PLAY THERAPIES NOT FOR RECREATION	-	-	-	-	11.13 OTHER THERAPIES	11 OTHER HEALTH AND THERAPEUTIC SERVICES

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G0177	06:HCPCS	TRAINING AND EDUCATIONAL SERVICES RELATED TO THE CARE AND TREATMENT OF PATIENT'S DISABLING MENTAL HEALTH PROBLEMS PER SESSION	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
G0179	06:HCPCS	PHYSICIAN RE-CERTIFICATION FOR MEDICARE-COVERED HOME HEALTH SERVICES UNDER A HOME HEALTH PLAN OF CARE	-	-	-	-	11.05 PHYSICIAN SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0180	06:HCPCS	PHYSICIAN CERTIFICATION FOR MEDICARE-COVERED HOME HEALTH SERVICES UNDER A HOME HEALTH PLAN OF CARE	-	-	-	-	11.05 PHYSICIAN SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0181	06:HCPCS	PHYSICIAN SUPERVISION OF A PATIENT RECEIVING MEDICARE-COVERED SERVICES PROVIDED	-	-	-	-	11.05 PHYSICIAN SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0182	06:HCPCS	PHYSICIAN SUPERVISION OF A PATIENT UNDER A MEDICARE-APPROVED HOSPICE	-	-	-	-	11.05 PHYSICIAN SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0202	06:HCPCS	SCREENING MAMMOGRAPHY, PRODUCING DIRECT DIGITAL IMAGE, BILATERAL, ALL VIEWS	-	-	-	-	11.02 HEALTH ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0237	06:HCPCS	THERAPEUTIC PROCEDURES TO INCREASE STRENGTH OR ENDURANCE OF RESPIRATORY MUSCLES	-	-	-	-	11.11 RESPIRATORY THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0238	06:HCPCS	RESPIRATORY FUNCTION, OTHER THAN DESCRIBED BY G0237	-	-	-	-	11.11 RESPIRATORY THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0239	06:HCPCS	THERAPEUTIC PROCEDURES TO IMPROVE RESPIRATORY FUNCTION OR INCREASE STRENGTH OR ENDURANCE OF RESPIRATORY MUSCLES, TWO OR MORE INDIVIDUALS (INCLUDES MONITORING)	-	-	-	-	11.11 RESPIRATORY THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0270	06:HCPCS	MEDICAL NUTRITION THERAPY; REASSESSMENT AND SUBSEQUENT INTERVENTION(S)	-	-	-	-	11.04 NUTRITION CONSULTATION	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0271	06:HCPCS	MEDICAL NUTRITION THERAPY; REASSESSMENT AND SUBSEQUENT INTERVENTION(S)	-	-	-	-	11.04 NUTRITION CONSULTATION	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0333	06:HCPCS	PHARMACY DISPENSING FEE FOR INHALATION DRUG(S); INITIAL 30-DAY SUPPLY AS A BENEFICIARY	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0372	06:HCPCS	PHYSICIAN SERVICE REQUIRED TO ESTABLISH AND DOCUMENT THE NEED FOR A POWER MOBILITY DEVICE	-	-	-	-	11.05 PHYSICIAN SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0409	06:HCPCS	SOCIAL WORK AND PSYCHOLOGICAL SERVICES, DIRECTLY RELATING TO AND/OR FURTHERING THE PATIENT'S REHABILITATION GOALS	-	-	-	-	10.06 COUNSELING	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
G0410	06:HCPCS	GROUP PSYCHOTHERAPY OTHER THAN OF A MULTIPLE-FAMILY GROUP, IN A PARTIAL HOSPITALIZATION SETTING	-	-	-	-	10.06 COUNSELING	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
G0411	06:HCPCS	INTERACTIVE GROUP PSYCHOTHERAPY, IN A PARTIAL HOSPITALIZATION SETTING	-	-	-	-	10.06 COUNSELING	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
G8402	06:HCPCS	TOBACCO (SMOKE) USE CESSATION INTERVENTION, COUNSELING	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
G8431	06:HCPCS	POSITIVE SCREEN FOR CLINICAL DEPRESSION USING A STANDARDIZED TOOL AND A FOLLOW-UP PLAN DOCUMENTED	-	-	-	-	10.01 MENTAL HEALTH ASSESSMENT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
H0001	06:HCPCS	ALCOHOL AND/OR DRUG ASSESSMENT	-	-	-	-	10.01 MENTAL HEALTH ASSESSMENT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
H0002	06:HCPCS	BEHAVIORAL HEALTH SCREENING TO DETERMINE ELIGIBILITY FOR ADMISSION TO TREATMENT	-	-	-	-	10.01 MENTAL HEALTH ASSESSMENT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
H0003	06:HCPCS	ALCOHOL AND/OR DRUG SCREENING; LABORATORY ANALYSIS OF SPECIMENS FOR PRESENCE OF ALCOHOL AND/OR DRUGS	-	-	-	-	10.01 MENTAL HEALTH ASSESSMENT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
H0004	06:HCPCS	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	-	-	-	-	10.06 COUNSELING	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
H0005	06:HCPCS	ALCOHOL AND/OR DRUG SERVICES; GROUP COUNSELING BY A CLINICIAN	-	-	-	-	10.09 OTHER MENTAL HEALTH AND BEHAVIORAL SERVICES	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
H0007	06:HCPCS	ALCOHOL AND/OR DRUG SERVICES; CRISIS INTERVENTION (OUTPATIENT)	-	-	-	-	10.03 CRISIS INTERVENTION	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
H0008	06:HCPCS	ALCOHOL AND/OR DRUG SERVICES; SUB-ACUTE DETOXIFICATION (HOSPITAL INPATIENT)	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
H0009	06:HCPCS	ALCOHOL AND/OR DRUG SERVICES; ACUTE DETOXIFICATION (HOSPITAL INPATIENT)	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES

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H0010	06:HCPCS	ALCOHOL AND/OR DRUG SERVICES; SUB-ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION)	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
H0011	06:HCPCS	ALCOHOL AND/OR DRUG SERVICES; ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION)	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
H0012	06:HCPCS	ALCOHOL AND/OR DRUG SERVICES; SUB-ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION)	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
H0013	06:HCPCS	ALCOHOL AND/OR DRUG SERVICES; ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION)	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
H0014	06:HCPCS	ALCOHOL AND/OR DRUG SERVICES; AMBULATORY DETOXIFICATION	-	-	-	-	10.09 OTHER MENTAL HEALTH AND BEHAVIORAL SERVICES	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
H0015	06:HCPCS	ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT OPERATES AT LEAST 3 HOURS/DAY AND AT LEAST 3 DAYS/WEEK AND IS BASED ON AN INDIVIDUALIZED TREATMENT PLAN), INCLUDING ASSESSMENT, COUNSELING; CRISIS INTERVENTION, AND ACTIVITY THERAPY	-	-	-	-	10.09 OTHER MENTAL HEALTH AND BEHAVIORAL SERVICES	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
H0015	06:HCPCS	ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT OPERATES AT LEAST 3 HOURS/DAY AND AT LEAST 3 DAYS/WEEK AND IS BASED ON AN INDIVIDUALIZED TREATMENT PLAN), INCLUDING ASSESSMENT, COUNSELING; CRISIS INTERVENTION, AND ACTIVITY THERAPY	-	-	-	-	10.09 OTHER MENTAL HEALTH AND BEHAVIORAL SERVICES	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
H0016	06:HCPCS	ALCOHOL AND/OR DRUG SERVICES; MEDICAL/SOMATIC (MEDICAL INTERVENTION IN AMBULATORY SETTING)	-	-	-	-	10.09 OTHER MENTAL HEALTH AND BEHAVIORAL SERVICES	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
H0017	06:HCPCS	BEHAVIORAL HEALTH; RESIDENTIAL (HOSPITAL RESIDENTIAL TREATMENT PROGRAM)	-	-	-	-	02.01.2 GROUP LIVING, MENTAL HEALTH SERVICES	02 ROUND-THE-CLOCK SERVICES
H0018	06:HCPCS	BEHAVIORAL HEALTH; SHORT-TERM RESIDENTIAL	-	-	-	-	02.01.2 GROUP LIVING, MENTAL HEALTH SERVICES	02 ROUND-THE-CLOCK SERVICES
H0019	06:HCPCS	BEHAVIORAL HEALTH; LONG-TERM RESIDENTIAL	-	-	-	-	02.01.2 GROUP LIVING, MENTAL HEALTH SERVICES	02 ROUND-THE-CLOCK SERVICES
H0020	06:HCPCS	ALCOHOL AND/OR DRUG SERVICES; METHADONE ADMINISTRATION AND/OR SERVICE	-	-	-	-	10.09 OTHER MENTAL HEALTH AND BEHAVIORAL SERVICES	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
H0021	06:HCPCS	ALCOHOL AND/OR DRUG TRAINING SERVICE	-	-	-	-	10.09 OTHER MENTAL HEALTH AND BEHAVIORAL SERVICES	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
H0022	06:HCPCS	ALCOHOL AND/OR DRUG INTERVENTION SERVICE (PLANNED FACILITATION)	-	-	-	-	10.09 OTHER MENTAL HEALTH AND BEHAVIORAL SERVICES	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
H0023	06:HCPCS	BEHAVIORAL HEALTH OUTREACH SERVICE (PLANNED APPROACH TO REACH A TARGETED	-	-	-	-	10.09 OTHER MENTAL HEALTH AND BEHAVIORAL SERVICES	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
H0024	06:HCPCS	BEHAVIORAL HEALTH PREVENTION INFORMATION DISSEMINATION SERVICE (ONE-WAY DIRECT)	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
H0025	06:HCPCS	BEHAVIORAL HEALTH PREVENTION EDUCATION SERVICE (DELIVERY OF SERVICES WITH TARGET POPULATION TO AFFECT KNOWLEDGE, ATTITUDE AND/OR BEHAVIOR)	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
H0030	06:HCPCS	BEHAVIORAL HEALTH HOTLINE SERVICE	-	-	-	-	10.03 CRISIS INTERVENTION	SERVICES
H0031	06:HCPCS	MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN ORAL MEDICATION ADMINISTRATION, DIRECT OBSERVATION	-	-	-	-	10.01 MENTAL HEALTH ASSESSMENT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
H0033	06:HCPCS	MINUTES	-	-	-	-	11.03 MEDICATION ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
H0034	06:HCPCS	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
H0035	06:HCPCS	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT, FACE-TO-FACE, PER 15 MINUTES	-	-	-	-	04.04 DAY TREATMENT/PARTIAL HOSPITALIZATION	04 DAY SERVICES
H0036	06:HCPCS	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT PROGRAM, PER DIEM	-	-	-	-	10.02 ASSERTIVE COMMUNITY TREATMENT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
H0037	06:HCPCS	SELF-HELP/PEER SERVICES, PER 15 MINUTES	-	-	-	-	10.02 ASSERTIVE COMMUNITY TREATMENT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
H0038	06:HCPCS	ASSERTIVE COMMUNITY TREATMENT, FACE-TO-FACE, PER 15 MINUTES	-	-	-	-	10.05 PEER SPECIALIST	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
H0039	06:HCPCS	ASSERTIVE COMMUNITY TREATMENT PROGRAM, PER DIEM	-	-	-	-	10.02 ASSERTIVE COMMUNITY TREATMENT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
H0040	06:HCPCS	ASSERTIVE COMMUNITY TREATMENT PROGRAM, PER DIEM	-	-	-	-	10.02 ASSERTIVE COMMUNITY TREATMENT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES

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H0043	06:HCPCS	SUPPORTED HOUSING, PER DIEM	-	-	-	-	17.03 HOUSING CONSULTATION	17 OTHER
H0044	06:HCPCS	SUPPORTED HOUSING, PER MONTH	-	-	-	-	17.03 HOUSING CONSULTATION	17 OTHER
H0045	06:HCPCS	RESPIRE CARE SERVICES, NOT IN THE HOME, PER DIEM	-	-	-	-	09.01.1 RESPIRE, OUT-OF-HOME	09 CAREGIVER SUPPORT
H0046	06:HCPCS	SPECIFIED	-	-	-	-	SERVICES	SERVICES
H0047	06:HCPCS	ALCOHOL AND/OR OTHER DRUG ABUSE SERVICES, NOT OTHERWISE SPECIFIED	-	-	-	-	10.09 OTHER MENTAL HEALTH AND BEHAVIORAL SERVICES	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
H0048	06:HCPCS	ALCOHOL AND/OR OTHER DRUG TESTING: COLLECTION AND HANDLING ONLY, SPECIMENS	-	-	-	-	10.01 MENTAL HEALTH ASSESSMENT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
H0049	06:HCPCS	ALCOHOL AND/OR DRUG SCREENING	-	-	-	-	10.01 MENTAL HEALTH ASSESSMENT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
H0050	06:HCPCS	ALCOHOL AND/OR DRUG SERVICES, BRIEF INTERVENTION, PER 15 MINUTES	-	-	-	-	10.09 OTHER MENTAL HEALTH AND BEHAVIORAL SERVICES	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
H1000	06:HCPCS	PRENATAL CARE, AT-RISK ASSESSMENT	-	-	-	-	11.02 HEALTH ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
H1001	06:HCPCS	PRENATAL CARE, AT-RISK ENHANCED SERVICE; ANTEPARTUM MANAGEMENT	-	-	-	-	17.99.9 OTHER	17 OTHER
H1003	06:HCPCS	PRENATAL CARE, AT-RISK ENHANCED SERVICE; EDUCATION	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
H1004	06:HCPCS	PRENATAL CARE, AT-RISK ENHANCED SERVICE; FOLLOW-UP HOME VISIT	-	-	-	-	17.99.9 OTHER	17 OTHER
H1005	06:HCPCS	PRENATAL CARE, AT-RISK ENHANCED SERVICE PACKAGE (INCLUDES H1001-H1004)	-	-	-	-	17.99.9 OTHER	17 OTHER
H1010	06:HCPCS	NON-MEDICAL FAMILY PLANNING EDUCATION, PER SESSION	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
H1011	06:HCPCS	FAMILY ASSESSMENT BY LICENSED BEHAVIORAL HEALTH PROFESSIONAL FOR STATE DEFINED PURPOSES	-	-	-	-	10.01 MENTAL HEALTH ASSESSMENT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
H2000	06:HCPCS	COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	-	-	-	-	11.02 HEALTH ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
H2001	06:HCPCS	REHABILITATION PROGRAM, PER 1/2 DAY	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
H2010	06:HCPCS	COMPREHENSIVE MEDICATION SERVICES, PER 15 MINUTES	-	-	-	-	11.03 MEDICATION ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
H2011	06:HCPCS	CRISIS INTERVENTION SERVICE, PER 15 MINUTES	-	-	-	-	10.03 CRISIS INTERVENTION	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
H2012	06:HCPCS	BEHAVIORAL HEALTH DAY TREATMENT, PER HOUR	-	-	-	-	04.04 DAY TREATMENT/PARTIAL HOSPITALIZATION	04 DAY SERVICES
H2013	06:HCPCS	PSYCHIATRIC HEALTH FACILITY SERVICE, PER DIEM	-	-	-	-	10.09 OTHER MENTAL HEALTH AND BEHAVIORAL SERVICES	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
H2014	06:HCPCS	SKILLS TRAINING AND DEVELOPMENT, PER 15 MINUTES	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
H2015	06:HCPCS	COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER 15 MINUTES	-	-	-	-	10.09 OTHER MENTAL HEALTH AND BEHAVIORAL SERVICES	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
H2016	06:HCPCS	COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER DIEM	-	-	-	-	10.09 OTHER MENTAL HEALTH AND BEHAVIORAL SERVICES	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
H2017	06:HCPCS	PSYCHOSOCIAL REHABILITATION SERVICES, PER 15 MINUTES	-	-	-	-	10.07 PSYCHOSOCIAL REHABILITATION	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
H2018	06:HCPCS	PSYCHOSOCIAL REHABILITATION SERVICES, PER DIEM	-	-	-	-	10.07 PSYCHOSOCIAL REHABILITATION	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
H2019	06:HCPCS	MINUTES	-	-	-	-	10.04 BEHAVIOR SUPPORT	SERVICES
H2020	06:HCPCS	BEHAVIORAL THERAPY ASSESSMENT	-	-	-	-	10.04 BEHAVIOR SUPPORT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
H2021	06:HCPCS	COMMUNITY-BASED WRAP-AROUND SERVICES, PER 15 MINUTES	-	-	-	-	10.09 OTHER MENTAL HEALTH AND BEHAVIORAL SERVICES	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
H2022	06:HCPCS	COMMUNITY-BASED WRAP-AROUND SERVICES, PER DIEM	-	-	-	-	10.09 OTHER MENTAL HEALTH AND BEHAVIORAL SERVICES	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
H2023	06:HCPCS	SUPPORTED EMPLOYMENT	-	-	-	-	03.02.9 ONGOING SUPPORTED EMPLOYMENT, UNSPECIFIED	03 SUPPORTED EMPLOYMENT
H2024	06:HCPCS	SUPPORTED EMPLOYMENT, PER DIEM	-	-	-	-	03.02.9 ONGOING SUPPORTED EMPLOYMENT, UNSPECIFIED	03 SUPPORTED EMPLOYMENT
H2025	06:HCPCS	ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER 15 MINUTES	-	-	-	-	03.02.9 ONGOING SUPPORTED EMPLOYMENT, UNSPECIFIED	03 SUPPORTED EMPLOYMENT
H2026	06:HCPCS	ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER DIEM	-	-	-	-	03.02.9 ONGOING SUPPORTED EMPLOYMENT, UNSPECIFIED	03 SUPPORTED EMPLOYMENT
H2027	06:HCPCS	PSYCHOEDUCATIONAL SERVICE, PER 15 MINUTES	-	-	-	-	10.06 COUNSELING	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES

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H2028	06:HCPCS	SEXUAL OFFENDER TREATMENT SERVICE, PER 15 MINUTES	-	-	-	-	10.09 OTHER MENTAL HEALTH AND BEHAVIORAL SERVICES	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
H2029	06:HCPCS	SEXUAL OFFENDER TREATMENT SERVICE, PER DIEM	-	-	-	-	10.09 OTHER MENTAL HEALTH AND BEHAVIORAL SERVICES	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
H2030	06:HCPCS	MENTAL HEALTH CLUBHOUSE SERVICES, PER 15 MINUTES	-	-	-	-	04.04 DAY TREATMENT/PARTIAL HOSPITALIZATION	04 DAY SERVICES
H2031	06:HCPCS	MENTAL HEALTH CLUBHOUSE SERVICES, PER DIEM	-	-	-	-	04.04 DAY TREATMENT/PARTIAL HOSPITALIZATION	04 DAY SERVICES
H2032	06:HCPCS	ACTIVITY THERAPY, PER 15 MINUTES	-	-	-	-	11.13 OTHER THERAPIES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
H2032	06:HCPCS	ACTIVITY THERAPY, PER 15 MINUTES	-	-	-	-	11.13 OTHER THERAPIES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
H2033	06:HCPCS	MULTISYSTEMIC THERAPY FOR JUVENILES, PER 15 MINUTES	-	-	-	-	10.06 COUNSELING	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
H2034	06:HCPCS	ALCOHOL AND/OR DRUG ABUSE HALFWAY HOUSE SERVICES, PER DIEM	-	-	-	-	10.09 OTHER MENTAL HEALTH AND BEHAVIORAL SERVICES	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
H2035	06:HCPCS	ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM, PER HOUR	-	-	-	-	10.09 OTHER MENTAL HEALTH AND BEHAVIORAL SERVICES	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
H2036	06:HCPCS	ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM, PER DIEM	-	-	-	-	10.09 OTHER MENTAL HEALTH AND BEHAVIORAL SERVICES	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
J3301	06:HCPCS	INJECTION	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
K0195	06:HCPCS	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0455	06: HCPCS	INFUSION PUMP USED FOR UNINTERRUPTED PARENTERAL ADMINISTRATION OF MEDICATION	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0462	06: HCPCS	TEMPORARY REPLACEMENT FOR PATIENT OWNED EQUIPMENT BEING REPAIRED, ANY TYPE	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0552	06: HCPCS	SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0601	06:HCPCS	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 1.5 VOLT, EACH	-	-	-	-	14.03.9 EQUIPMENT, TECHNOLOGY, AND SUPPLIES, UNSPECIFIED	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0602	06:HCPCS	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 3 VOLT, EACH	-	-	-	-	14.03.9 EQUIPMENT, TECHNOLOGY, AND SUPPLIES, UNSPECIFIED	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0603	06:HCPCS	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1.5 VOLT, EACH	-	-	-	-	14.03.9 EQUIPMENT, TECHNOLOGY, AND SUPPLIES, UNSPECIFIED	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0604	06:HCPCS	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 3.6 VOLT, EACH	-	-	-	-	14.03.9 EQUIPMENT, TECHNOLOGY, AND SUPPLIES, UNSPECIFIED	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0606	06:HCPCS	AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE	-	-	-	-	14.03.9 EQUIPMENT, TECHNOLOGY, AND SUPPLIES, UNSPECIFIED	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0669	06:HCPCS	WHEELCHAIR ACCESSORY, WHEELCHAIR SEAT OR BACK CUSHION, DOES NOT MEET SPECIFIC CODE CRITERIA OR NO WRITTEN CODING VERIFICATION FROM DME PDAC	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0730	06:HCPCS	CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
K0733	06:HCPCS	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0734	06:HCPCS	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0735	06:HCPCS	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0736	06:HCPCS	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0737	06:HCPCS	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS

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K0738	06:HCPCS	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0739	06:HCPCS	REPAIR OR NON-ROUTINE SERVICE FOR DME OTHER THAN OXYGEN REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES	-	-	-	-	14.03.9 EQUIPMENT, TECHNOLOGY, AND SUPPLIES, UNSPECIFIED	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0800	06:HCPCS	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0801	06:HCPCS	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0802	06:HCPCS	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0806	06:HCPCS	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
K0807	06:HCPCS	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
K0808	06:HCPCS	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
K0812	06:HCPCS	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
K0813	06:HCPCS	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0814	06:HCPCS	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0815	06:HCPCS	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0816	06:HCPCS	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0820	06:HCPCS	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0821	06:HCPCS	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0822	06:HCPCS	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0823	06:HCPCS	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0824	06:HCPCS	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0825	06:HCPCS	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0830	06:HCPCS	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0831	06:HCPCS	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS

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K0835	06:HCPCS	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0841	06:HCPCS	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0848	06:HCPCS	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0849	06:HCPCS	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0850	06:HCPCS	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0851	06:HCPCS	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0853	06:HCPCS	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0854	06:HCPCS	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0856	06:HCPCS	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0858	06:HCPCS	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 301 TO 450 POUNDS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0860	06:HCPCS	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0861	06:HCPCS	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0862	06:HCPCS	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0868	06:HCPCS	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0869	06:HCPCS	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0877	06:HCPCS	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0884	06:HCPCS	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0890	06:HCPCS	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0891	06:HCPCS	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS

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L9900	06:HCPCS	ORTHOTIC AND PROSTHETIC SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS "L" CODE	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
M0064	06:HCPCS	BRIEF OFFICE VISIT FOR THE SOLE PURPOSE OF MONITORING OR CHANGING DRUG	-	-	-	-	11.03 MEDICATION ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
P3000	06:HCPCS	SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO THREE SMEARS, BY TECHNICIAN UNDER PHYSICIAN SUPERVISION	-	-	-	-	11.02 HEALTH ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
P3001	06:HCPCS	SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO THREE SMEARS, REQUIRING INTERPRETATION BY PHYSICIAN	-	-	-	-	11.02 HEALTH ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
Q0091	06:HCPCS	SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL OR VAGINAL SMEAR TO LABORATORY	-	-	-	-	11.02 HEALTH ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
Q4081	06:HCPCS	INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
Q5001	06:HCPCS	HOSPICE CARE PROVIDED IN PATIENT'S HOME/RESIDENCE	-	-	-	-	17.99.9 OTHER	17 OTHER
Q5002	06:HCPCS	FACILITY	-	-	-	-	17.99.9 OTHER	17 OTHER
Q5003	06:HCPCS	HOSPICE CARE PROVIDED IN NURSING LONG TERM CARE FACILITY (LTC) OR NON-SKILLED NURSING FACILITY (NF)	-	-	-	-	17.99.9 OTHER	17 OTHER
Q5004	06:HCPCS	HOSPICE CARE PROVIDED IN SKILLED NURSING FACILITY (SNF)	-	-	-	-	17.99.9 OTHER	17 OTHER
Q5005	06:HCPCS	HOSPICE CARE PROVIDED IN INPATIENT HOSPITAL	-	-	-	-	17.99.9 OTHER	17 OTHER
Q5006	06:HCPCS	HOSPICE CARE PROVIDED IN INPATIENT HOSPICE FACILITY	-	-	-	-	17.99.9 OTHER	17 OTHER
Q5007	06:HCPCS	HOSPICE CARE PROVIDED IN LONG TERM CARE FACILITY	-	-	-	-	17.99.9 OTHER	17 OTHER
Q5008	06:HCPCS	HOSPICE CARE PROVIDED IN INPATIENT PSYCHIATRIC FACILITY	-	-	-	-	17.99.9 OTHER	17 OTHER
Q5009	06:HCPCS	HOSPICE CARE PROVIDED IN PLACE NOT OTHERWISE SPECIFIED (NOS)	-	-	-	-	17.99.9 OTHER	17 OTHER
S0197	06:HCPCS	PRENATAL VITAMINS, 30-DAY SUPPLY	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
S0209	06:HCPCS	WHEELCHAIR VAN, MILEAGE, PER MILE	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
S0215	06:HCPCS	NON-EMERGENCY TRANSPORTATION; MILEAGE, PER MILE	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
S0220	06:HCPCS	MEDICAL CONFERENCE BY A PHYSICIAN WITH INTERDISCIPLINARY TEAM OF HEALTH PROFESSIONALS	-	-	-	-	11.05 PHYSICIAN SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
S0221	06:HCPCS	MEDICAL CONFERENCE BY A PHYSICIAN WITH INTERDISCIPLINARY TEAM OF HEALTH PROFESSIONALS	-	-	-	-	11.05 PHYSICIAN SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
S0257	06:HCPCS	COUNSELING AND DISCUSSION REGARDING ADVANCE DIRECTIVES OR END OF LIFE CARE	-	-	-	-	10.06 COUNSELING	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
S0270	06:HCPCS	PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, STANDARD MONTHLY CASE RATE	-	-	-	-	11.05 PHYSICIAN SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
S0271	06:HCPCS	PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, HOSPICE MONTHLY CASE RATE	-	-	-	-	11.05 PHYSICIAN SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
S0272	06:HCPCS	PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE	-	-	-	-	11.05 PHYSICIAN SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
S0273	06:HCPCS	PHYSICIAN VISIT AT MEMBER'S HOME, OUTSIDE OF A CAPITATION ARRANGEMENT	-	-	-	-	11.05 PHYSICIAN SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
S0274	06:HCPCS	NURSE PRACTITIONER VISIT AT MEMBER'S HOME, OUTSIDE OF A CAPITATION ARRANGEMENT	-	-	-	-	11.05 PHYSICIAN SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
S0315	06:HCPCS	DISEASE MANAGEMENT PROGRAM; INITIAL ASSESSMENT AND INITIATION OF THE PROGRAM	-	-	-	-	11.02 HEALTH ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
S0316	06:HCPCS	DISEASE MANAGEMENT PROGRAM, FOLLOW-UP/REASSESSMENT	-	-	-	-	11.04 NUTRITION CONSULTATION	11 OTHER HEALTH AND THERAPEUTIC SERVICES
S0317	06:HCPCS	DISEASE MANAGEMENT PROGRAM; PER DIEM	-	-	-	-	11.04 NUTRITION CONSULTATION	11 OTHER HEALTH AND THERAPEUTIC SERVICES
S0610	06:HCPCS	PATIENT	-	-	-	-	11.02 HEALTH ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
S0612	06:HCPCS	ANNUAL GYNECOLOGICAL EXAMINATION, ESTABLISHED PATIENT	-	-	-	-	11.02 HEALTH ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES

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S1015	06:HCPCS	IV TUBING EXTENSION SET	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
S3626	06:HCPCS	MATERNAL SERUM QUADRUPLE MARKER SCREEN INCLUDING ALPHA-FETOPROTEIN (AFP), ESTRIOL, HUMAN CHORIONIC GONADOTROPIN (HCG) AND INHIBIN A	-	-	-	-	11.02 HEALTH ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
S5000	06:HCPCS	PRESCRIPTION DRUG, GENERIC	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
S5001	06:HCPCS	PRESCRIPTION DRUG, BRAND NAME	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
S5100	06:HCPCS	DAY CARE SERVICES, ADULT; PER 15 MINUTES	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
S5101	06:HCPCS	DAY CARE SERVICES, ADULT; PER HALF DAY	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
S5102	06:HCPCS	DAY CARE SERVICES, ADULT; PER DIEM	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
S5105	06:HCPCS	DAY CARE SERVICES, CENTER-BASED; SERVICES NOT INCLUDED IN PROGRAM FEE, PER DIEM	-	-	-	-	04.05 ADULT DAY HEALTH	04 DAY SERVICES
S5108	06:HCPCS	HOME CARE TRAINING TO HOME CARE CLIENT, PER 15 MINUTES	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
S5109	06:HCPCS	HOME CARE TRAINING TO HOME CARE CLIENT, PER SESSION	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
S5110	06:HCPCS	HOME CARE TRAINING, FAMILY; PER 15 MINUTES	-	-	-	-	09.02 CAREGIVER COUNSELING AND/OR TRAINING	09 CAREGIVER SUPPORT
S5111	06:HCPCS	HOME CARE TRAINING, FAMILY; PER SESSION	-	-	-	-	09.02 CAREGIVER COUNSELING AND/OR TRAINING	09 CAREGIVER SUPPORT
S5115	06:HCPCS	HOME CARE TRAINING, NON-FAMILY; PER 15 MINUTES	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
S5116	06:HCPCS	HOME CARE TRAINING, NON-FAMILY; PER SESSION	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
S5116	06:HCPCS	HOME CARE TRAINING, NON-FAMILY; PER SESSION	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
S5120	06:HCPCS	CHORE SERVICES; PER 15 MINUTES	-	-	-	-	08.06 CHORE	08 HOME-BASED SERVICES
S5120	06:HCPCS	CHORE SERVICES; PER 15 MINUTES	-	-	-	-	08.06 CHORE	08 HOME-BASED SERVICES
S5121	06:HCPCS	CHORE SERVICES; PER DIEM	-	-	-	-	08.06 CHORE	08 HOME-BASED SERVICES
S5125	06:HCPCS	ATTENDANT CARE SERVICES; PER 15 MINUTES	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
S5126	06:HCPCS	ATTENDANT CARE SERVICES; PER DIEM	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
S5130	06:HCPCS	HOMEMAKER SERVICE, NOS; PER 15 MINUTES	-	-	-	-	08.05 HOMEMAKER	08 HOME-BASED SERVICES
S5131	06:HCPCS	HOMEMAKER SERVICE, NOS; PER DIEM	-	-	-	-	08.05 HOMEMAKER	08 HOME-BASED SERVICES
S5135	06:HCPCS	COMPANION CARE, ADULT (E.G. IADL/ADL); PER 15 MINUTES	-	-	-	-	08.04 COMPANION	08 HOME-BASED SERVICES
S5136	06:HCPCS	COMPANION CARE, ADULT (E.G. IADL/ADL); PER DIEM	-	-	-	-	08.04 COMPANION	08 HOME-BASED SERVICES
S5140	06:HCPCS	FOSTER CARE, ADULT; PER DIEM	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
S5141	06:HCPCS	FOSTER CARE, ADULT; PER MONTH	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
S5145	06:HCPCS	FOSTER CARE, THERAPEUTIC, CHILD; PER DIEM	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
S5146	06:HCPCS	FOSTER CARE, THERAPEUTIC, CHILD; PER MONTH	-	-	-	-	02.02.3 SHARED LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
S5150	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
S5151	06:HCPCS	UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
S5160	06:HCPCS	EMERGENCY RESPONSE SYSTEM; INSTALLATION AND TESTING	-	-	-	-	14.01 PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
S5161	06:HCPCS	EMERGENCY RESPONSE SYSTEM; SERVICE FEE, PER MONTH	-	-	-	-	14.01 PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
S5162	06:HCPCS	EMERGENCY RESPONSE SYSTEM; PURCHASE ONLY	-	-	-	-	14.01 PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS)	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
S5165	06:HCPCS	HOME MODIFICATIONS; PER SERVICE	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
S5170	06:HCPCS	HOME DELIVERED MEALS, INCLUDING PREPARATION; PER MEAL	-	-	-	-	06.01 HOME DELIVERED MEALS	06 HOME DELIVERED MEALS
S5175	06:HCPCS	LAUNDRY SERVICE, EXTERNAL, PROFESSIONAL; PER ORDER	-	-	-	-	08.05 HOMEMAKER	08 HOME-BASED SERVICES
S5180	06:HCPCS	HOME HEALTH RESPIRATORY THERAPY, INITIAL EVALUATION	-	-	-	-	11.11 RESPIRATORY THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
S5181	06:HCPCS	DIEM	-	-	-	-	11.11 RESPIRATORY THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
S5185	06:HCPCS	MEDICATION REMINDER SERVICE, NON-FACE-TO-FACE; PER MONTH	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
S5190	06:HCPCS	WELLNESS ASSESSMENT, PERFORMED BY NON-PHYSICIAN	-	-	-	-	11.02 HEALTH ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
S5199	06:HCPCS	PERSONAL CARE ITEM, NOS, EACH	-	-	-	-	14.03.9 EQUIPMENT, TECHNOLOGY, AND SUPPLIES, UNSPECIFIED	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS

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S5497	06:HCPCS	HOME INFUSION THERAPY, CATHETER CARE / MAINTENANCE, NOT OTHERWISE CLASSIFIED; INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	-	-	-	-	17.99.9 OTHER	17 OTHER
S5498	06:HCPCS	HOME INFUSION THERAPY, CATHETER CARE / MAINTENANCE, SIMPLE (SINGLE LUMEN), INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION AND ALL NECESSARY SUPPLIES AND EQUIPMENT, (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	-	-	-	-	17.99.9 OTHER	17 OTHER
S5501	06:HCPCS	HOME INFUSION THERAPY, CATHETER CARE / MAINTENANCE, COMPLEX (MORE THAN ONE LUMEN), INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY)	-	-	-	-	17.99.9 OTHER	17 OTHER
S5502	06:HCPCS	HOME INFUSION THERAPY, CATHETER CARE / MAINTENANCE, IMPLANTED ACCESS DEVICE, INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION AND ALL NECESSARY SUPPLIES AND EQUIPMENT, (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	-	-	-	-	17.99.9 OTHER	17 OTHER
S5520	06:HCPCS	HOME INFUSION THERAPY, ALL SUPPLIES (INCLUDING CATHETER) NECESSARY FOR A PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC) LINE INSERTION	-	-	-	-	17.99.9 OTHER	17 OTHER
S5521	06:HCPCS	HOME INFUSION THERAPY, ALL SUPPLIES (INCLUDING CATHETER) NECESSARY FOR A MIDLINE CATHETER INSERTION	-	-	-	-	17.99.9 OTHER	17 OTHER
S8121	06:HCPCS	OXYGEN CONTENTS, LIQUID, 1 UNIT EQUALS 1 POUND	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
S8189	06:HCPCS	CLASSIFIED	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
S8415	06:HCPCS	SUPPLIES FOR HOME DELIVERY OF INFANT	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
S8490	06:HCPCS	INSULIN SYRINGES (100 SYRINGES, ANY SIZE)	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
S8990	06:HCPCS	PHYSICAL OR MANIPULATIVE THERAPY PERFORMED FOR MAINTENANCE RATHER THAN RESTORATION	-	-	-	-	11.09 PHYSICAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
S9001	06:HCPCS	HOME UTERINE MONITOR WITH OR WITHOUT ASSOCIATED NURSING SERVICES	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
S9109	06:HCPCS	CONGESTIVE HEART FAILURE TELEMONITORING, EQUIPMENT RENTAL, INCLUDING TELESCALE, COMPUTER SYSTEM AND SOFTWARE, TELEPHONE CONNECTIONS, AND MAINTENANCE, PER MONTH	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
S9122	06:HCPCS	HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT, PROVIDING CARE IN THE HOME	-	-	-	-	08.02 HOME HEALTH AIDE	08 HOME-BASED SERVICES
S9123	06:HCPCS	NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
S9124	06:HCPCS	NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER HOUR	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
S9125	06:HCPCS	RESPIRE CARE, IN THE HOME, PER DIEM	-	-	-	-	09.01.2 RESPIRE, IN-HOME	09 CAREGIVER SUPPORT
S9126	06:HCPCS	HOSPICE CARE, IN THE HOME, PER DIEM	-	-	-	-	17.99.9 OTHER	17 OTHER
S9127	06:HCPCS	SOCIAL WORK VISIT, IN THE HOME, PER DIEM	-	-	-	-	10.09 OTHER MENTAL HEALTH AND BEHAVIORAL SERVICES	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
S9128	06:HCPCS	SPEECH THERAPY, IN THE HOME, PER DIEM	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
S9129	06:HCPCS	OCCUPATIONAL THERAPY, IN THE HOME, PER DIEM	-	-	-	-	11.08 OCCUPATIONAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
S9131	06:HCPCS	PHYSICAL THERAPY; IN THE HOME, PER DIEM	-	-	-	-	11.09 PHYSICAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
S9152	06:HCPCS	SPEECH THERAPY, RE-EVAL	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES

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S9208	06:HCPCS	HOME MANAGEMENT OF PRETERM LABOR, INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES OR EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	-	-	-	-	17.99.9 OTHER	17 OTHER
S9211	06:HCPCS	HOME MANAGEMENT OF GESTATIONAL HYPERTENSION, INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY); PER DIEM	-	-	-	-	17.99.9 OTHER	17 OTHER
S9214	06:HCPCS	HOME MANAGEMENT OF GESTATIONAL DIABETES, INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY); PER DIEM	-	-	-	-	17.99.9 OTHER	17 OTHER
S9325	06:HCPCS	HOME INFUSION THERAPY, PAIN MANAGEMENT INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT, (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM (DO NOT USE THIS CODE WITH S9326,	-	-	-	-	17.99.9 OTHER	17 OTHER
S9326	06:HCPCS	HOME INFUSION THERAPY, CONTINUOUS (TWENTY-FOUR HOURS OR MORE) PAIN MANAGEMENT INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY)	-	-	-	-	17.99.9 OTHER	17 OTHER
S9327	06:HCPCS	HOME INFUSION THERAPY, INTERMITTENT (LESS THAN TWENTY-FOUR HOURS) PAIN MANAGEMENT INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY)	-	-	-	-	17.99.9 OTHER	17 OTHER
S9328	06:HCPCS	HOME INFUSION THERAPY, IMPLANTED PUMP PAIN MANAGEMENT INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	-	-	-	-	17.99.9 OTHER	17 OTHER
S9329	06:HCPCS	HOME INFUSION THERAPY, CHEMOTHERAPY INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM (DO NOT USE THIS CODE WITH S9330 OR S9)	-	-	-	-	17.99.9 OTHER	17 OTHER
S9330	06:HCPCS	HOME INFUSION THERAPY, CONTINUOUS (TWENTY-FOUR HOURS OR MORE) CHEMOTHERAPY INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	-	-	-	-	17.99.9 OTHER	17 OTHER

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S9331	06:HCPCS	HOME INFUSION THERAPY, INTERMITTENT (LESS THAN TWENTY-FOUR HOURS) CHEMOTHERAPY INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	-	-	-	-	17.99.9 OTHER	17 OTHER
S9336	06:HCPCS	HOME INFUSION THERAPY, CONTINUOUS ANTICOAGULANT INFUSION THERAPY (E.G. HEPARIN), ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	-	-	-	-	17.99.9 OTHER	17 OTHER
S9338	06:HCPCS	HOME INFUSION THERAPY, IMMUNOTHERAPY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	-	-	-	-	17.99.9 OTHER	17 OTHER
S9340	06:HCPCS	HOME THERAPY; ENTERAL NUTRITION VIA GRAVITY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (ENTERAL FORMULA AND NURSING VISITS CODED SEPARATELY), PER DIEM	-	-	-	-	17.99.9 OTHER	17 OTHER
S9341	06:HCPCS	HOME THERAPY; ENTERAL NUTRITION VIA PUMP; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (ENTERAL FORMULA AND NURSING VISITS CODED SEPARATELY), PER DIEM	-	-	-	-	17.99.9 OTHER	17 OTHER
S9342	06:HCPCS	HOME THERAPY; ENTERAL NUTRITION VIA BOLUS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (ENTERAL FORMULA AND NURSING VISITS CODED SEPARATELY), PER DIEM	-	-	-	-	17.99.9 OTHER	17 OTHER
S9343	06:HCPCS	HOME INFUSION THERAPY, ANTI-HEMOPHILIC AGENT INFUSION THERAPY (E.G. FACTOR VIII); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	-	-	-	-	17.99.9 OTHER	17 OTHER
S9345	06:HCPCS	HOME INFUSION THERAPY, UNINTERRUPTED, LONG-TERM, CONTROLLED RATE INTRAVENOUS OR SUBCUTANEOUS INFUSION THERAPY (E.G. EPOPROSTENOL); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT	-	-	-	-	17.99.9 OTHER	17 OTHER
S9347	06:HCPCS	HOME INFUSION THERAPY, SYMPATHOMIMETIC/INOTROPIC AGENT INFUSION THERAPY (E.G., DOBUTAMINE); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY)	-	-	-	-	17.99.9 OTHER	17 OTHER
S9348	06:HCPCS		-	-	-	-	17.99.9 OTHER	17 OTHER

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S9349	06:HCPCS	HOME INFUSION THERAPY, TOCOLYTIC INFUSION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	-	-	-	-	17.99.9 OTHER	17 OTHER
S9351	06:HCPCS	HOME INFUSION THERAPY, CONTINUOUS OR INTERMITTENT ANTI-EMETIC INFUSION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND VISITS CODED SEPARATELY), PER DIEM	-	-	-	-	17.99.9 OTHER	17 OTHER
S9353	06:HCPCS	HOME INFUSION THERAPY, CONTINUOUS INSULIN INFUSION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	-	-	-	-	17.99.9 OTHER	17 OTHER
S9355	06:HCPCS	HOME INFUSION THERAPY, CHELATION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	-	-	-	-	17.99.9 OTHER	17 OTHER
S9359	06:HCPCS	HOME INFUSION THERAPY, ANTI-TUMOR NECROSIS FACTOR INTRAVENOUS THERAPY; (E.G. INFlixIMAB); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY)	-	-	-	-	17.99.9 OTHER	17 OTHER
S9363	06:HCPCS	HOME INFUSION THERAPY, ANTI-SPASMOTIC THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	-	-	-	-	17.99.9 OTHER	17 OTHER
S9364	06:HCPCS	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT INCLUDING STANDARD TPN FORMULA	-	-	-	-	17.99.9 OTHER	17 OTHER
S9365	06:HCPCS	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); ONE LITER PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT INCLUDING STANDARD TPN FORMULA	-	-	-	-	17.99.9 OTHER	17 OTHER
S9366	06:HCPCS	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN ONE LITER BUT NO MORE THAN TWO LITERS PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT INCLUDING STANDARD TPN FORMULA	-	-	-	-	17.99.9 OTHER	17 OTHER
S9367	06:HCPCS	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN TWO LITERS BUT NO MORE THAN THREE LITERS PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT INCLUDING STANDARD TPN FORMULA	-	-	-	-	17.99.9 OTHER	17 OTHER

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S9368	06:HCPCS	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN THREE LITERS PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT INCLUDING STANDARD TPN FORMULA	-	-	-	-	17.99.9 OTHER	17 OTHER
S9370	06:HCPCS	HOME THERAPY, INTERMITTENT ANTIEMETIC INJECTION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	-	-	-	-	17.99.9 OTHER	17 OTHER
S9373	06:HCPCS	HOME INFUSION THERAPY, HYDRATION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	-	-	-	-	17.99.9 OTHER	17 OTHER
S9374	06:HCPCS	HOME INFUSION THERAPY, HYDRATION THERAPY; ONE LITER PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	-	-	-	-	17.99.9 OTHER	17 OTHER
S9375	06:HCPCS	HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN ONE LITER BUT NO MORE THAN TWO LITERS PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT	-	-	-	-	17.99.9 OTHER	17 OTHER
S9376	06:HCPCS	HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN TWO LITERS BUT NO MORE THAN THREE LITERS PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT	-	-	-	-	17.99.9 OTHER	17 OTHER
S9377	06:HCPCS	HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN THREE LITERS PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	-	-	-	-	17.99.9 OTHER	17 OTHER
S9379	06:HCPCS	HOME INFUSION THERAPY, INFUSION THERAPY, NOT OTHERWISE CLASSIFIED; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	-	-	-	-	17.99.9 OTHER	17 OTHER
S9434	06:HCPCS	MODIFIED SOLID FOOD SUPPLEMENTS FOR INBORN ERRORS OF METABOLISM	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
S9435	06:HCPCS	METABOLISM	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
S9436	06:HCPCS	CHILDBIRTH PREPARATION/LAMAZE CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
S9442	06:HCPCS	BIRTHING CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
S9444	06:HCPCS	PARENTING CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
S9445	06:HCPCS	PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON-PHYSICIAN PROVIDER, INDIVIDUAL, PER SESSION	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
S9446	06:HCPCS	PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON-PHYSICIAN PROVIDER, GROUP, PER SESSION	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
S9455	06:HCPCS	DIABETIC MANAGEMENT PROGRAM, GROUP SESSION	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING

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S9460	06:HCPCS	DIABETIC MANAGEMENT PROGRAM, NURSE VISIT	-	-	-	-	11.04 NUTRITION CONSULTATION	11 OTHER HEALTH AND THERAPEUTIC SERVICES
S9465	06:HCPCS	DIABETIC MANAGEMENT PROGRAM, DIETITIAN VISIT	-	-	-	-	11.04 NUTRITION CONSULTATION	11 OTHER HEALTH AND THERAPEUTIC SERVICES
S9465	06:HCPCS	DIABETIC MANAGEMENT PROGRAM, DIETITIAN VISIT	-	-	-	-	11.04 NUTRITION CONSULTATION	11 OTHER HEALTH AND THERAPEUTIC SERVICES
S9470	06:HCPCS	NUTRITIONAL COUNSELING, DIETITIAN VISIT	-	-	-	-	11.04 NUTRITION CONSULTATION	11 OTHER HEALTH AND THERAPEUTIC SERVICES
S9475	06:HCPCS	AMBULATORY SETTING SUBSTANCE ABUSE TREATMENT OR DETOXIFICATION SERVICES, PER DIEM	-	-	-	-	10.09 OTHER MENTAL HEALTH AND BEHAVIORAL SERVICES	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
S9480	06:HCPCS	INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIEM	-	-	-	-	10.09 OTHER MENTAL HEALTH AND BEHAVIORAL SERVICES	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
S9482	06:HCPCS	FAMILY STABILIZATION SERVICES, PER 15 MINUTES	-	-	-	-	10.06 COUNSELING	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
S9484	06:HCPCS	CRISIS INTERVENTION MENTAL HEALTH SERVICES, PER HOUR	-	-	-	-	10.03 CRISIS INTERVENTION	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
S9485	06:HCPCS	CRISIS INTERVENTION MENTAL HEALTH SERVICES, PER DIEM	-	-	-	-	10.03 CRISIS INTERVENTION	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
S9490	06:HCPCS	HOME INFUSION THERAPY, CORTICOSTEROID INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	-	-	-	-	17.99.9 OTHER	17 OTHER
S9500	06:HCPCS	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY 24 HOURS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY)	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
S9542	06:HCPCS	HOME INJECTABLE THERAPY, NOT OTHERWISE CLASSIFIED, INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	-	-	-	-	17.99.9 OTHER	17 OTHER
S9558	06:HCPCS	HOME INJECTABLE THERAPY, GROWTH HORMONE, INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	-	-	-	-	17.99.9 OTHER	17 OTHER
S9560	06:HCPCS	HOME INJECTABLE THERAPY; HORMONAL THERAPY (E.G.; LEUPROLIDE, GOSERELIN), INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	-	-	-	-	17.99.9 OTHER	17 OTHER
T1000	06:HCPCS	PRIVATE DUTY / INDEPENDENT NURSING SERVICE(S) - LICENSED, UP TO 15 MINUTES	-	-	-	-	05.01 PRIVATE DUTY NURSING	05 NURSING
T1001	06:HCPCS	NURSING ASSESSMENT / EVALUATION	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
T1002	06:HCPCS	RN SERVICES, UP TO 15 MINUTES	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
T1003	06:HCPCS	LPN/LVN SERVICES, UP TO 15 MINUTES	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
T1004	06:HCPCS	SERVICES OF A QUALIFIED NURSING AIDE, UP TO 15 MINUTES	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
T1005	06:HCPCS	RESPIRE CARE SERVICES, UP TO 15 MINUTES	-	-	-	-	09.01.9 RESPITE, UNSPECIFIED	09 CAREGIVER SUPPORT
T1006	06:HCPCS	ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, FAMILY/COUPLE COUNSELING	-	-	-	-	10.09 OTHER MENTAL HEALTH AND BEHAVIORAL SERVICES	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
T1007	06:HCPCS	ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, TREATMENT PLAN DEVELOPMENT AND/OR MODIFICATION	-	-	-	-	10.09 OTHER MENTAL HEALTH AND BEHAVIORAL SERVICES	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
T1012	06:HCPCS	ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, SKILLS DEVELOPMENT	-	-	-	-	10.09 OTHER MENTAL HEALTH AND BEHAVIORAL SERVICES	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
T1013	06:HCPCS	SIGN LANGUAGE OR ORAL INTERPRETIVE SERVICES, PER 15 MINUTES	-	-	-	-	17.02 INTERPRETER	17 OTHER
T1015	06:HCPCS	CLINIC VISIT/ENCOUNTER, ALL-INCLUSIVE	-	-	-	-	10.08 CLINIC SERVICES	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES

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T1018	06:HCPCS	SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED	-	-	-	-	17.99.9 OTHER	17 OTHER
T1019	06:HCPCS	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	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
T1020	06:HCPCS	PERSONAL CARE SERVICES, PER DIEM, NOT FOR AN INPATIENT OR RESIDENT OF A HOSPITAL, NURSING FACILITY, CIF/MR OR IMD, PART OF THE INDIVIDUALIZED PLAN OF TREATMENT	-	-	-	-	08.03 PERSONAL CARE	08 HOME-BASED SERVICES
T1021	06:HCPCS	HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT	-	-	-	-	08.02 HOME HEALTH AIDE	08 HOME-BASED SERVICES
T1022	06:HCPCS	CONTRACTED HOME HEALTH AGENCY SERVICES, ALL SERVICES PROVIDED UNDER CONTRACT, PER DAY EVALUATION AND TREATMENT BY AN INTEGRATED, SPECIALTY TEAM CONTRACTED TO PROVIDE COORDINATED CARE TO MULTIPLE OR SEVERELY HANDICAPPED CHILDREN, PER ENCOUNTER	-	-	-	-	08.02 HOME HEALTH AIDE	08 HOME-BASED SERVICES
T1024	06:HCPCS		-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
T1025	06:HCPCS	INTENSIVE, EXTENDED MULTIDISCIPLINARY SERVICES PROVIDED IN A CLINIC SETTING TO CHILDREN WITH COMPLEX MEDICAL, PHYSICAL, MENTAL AND PSYCHOSOCIAL IMPAIRMENTS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
T1026	06:HCPCS	INTENSIVE, EXTENDED MULTIDISCIPLINARY SERVICES PROVIDED IN A CLINIC SETTING TO TO CHILDREN WITH COMPLEX MEDICAL, PHYSICAL, MENTAL AND PSYCHOSOCIAL IMPAIRMENTS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
T1027	06:HCPCS	FAMILY TRAINING AND COUNSELING FOR CHILD DEVELOPMENT, PER 15 MINUTES	-	-	-	-	09.02 CAREGIVER COUNSELING AND/OR TRAINING	09 CAREGIVER SUPPORT
T1028	06:HCPCS	ASSESSMENT OF HOME, PHYSICAL AND FAMILY ENVIRONMENT, TO DETERMINE SUITABILITY	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
T1029	06:HCPCS	COMPREHENSIVE ENVIRONMENTAL LEAD INVESTIGATION, NOT INCLUDING LABORATORY ANALYSIS, PER DWELLING	-	-	-	-	11.02 HEALTH ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
T1030	06:HCPCS	NURSING CARE, IN THE HOME, BY REGISTERED NURSE, PER DIEM	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
T1031	06:HCPCS	NURSING CARE, IN THE HOME, BY LICENSED PRACTICAL NURSE, PER DIEM	-	-	-	-	05.99.9 NURSING, UNSPECIFIED	05 NURSING
T1502	06:HCPCS	ADMINISTRATION OF ORAL, INTRAMUSCULAR AND/OR SUBCUTANEOUS MEDICATION BY HEALTH CARE AGENCY/PROFESSIONAL, PER VISIT	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
T1999	06:HCPCS	MISCELLANEOUS THERAPEUTIC ITEMS AND SUPPLIES, RETAIL PURCHASES, NOT OTHERWISE CLASSIFIED	-	-	-	-	14.03.9 EQUIPMENT, TECHNOLOGY, AND SUPPLIES, UNSPECIFIED	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
T2001	06:HCPCS	NON-EMERGENCY TRANSPORT	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
T2002	06:HCPCS	NON-EMERGENCY TRANSPORTATION; PER DIEM	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
T2003	06:HCPCS	ENCOUNTER/TRIP	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
T2004	06:HCPCS	NON-EMERGENCY TRANSPORT; COMMERCIAL CARRIER, MULTI-PASS	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
T2005	06:HCPCS	VAN	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
T2011	06:HCPCS	PREADMISSION SCREENING AND RESIDENT REVIEW (PASRR) LEVEL II EVALUATION, PER EVALUATION	-	-	-	-	11.02 HEALTH ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
T2012	06:HCPCS	HABILITATION, EDUCATIONAL; WAIVER, PER DIEM	-	-	-	-	04.03 EDUCATION SERVICES	04 DAY SERVICES
T2013	06:HCPCS	HABILITATION, EDUCATIONAL, WAIVER; PER HOUR	-	-	-	-	04.03 EDUCATION SERVICES	04 DAY SERVICES
T2014	06:HCPCS	HABILITATION, PREVOCATIONAL, WAIVER; PER DIEM	-	-	-	-	04.01 PREVOCATIONAL SERVICES	04 DAY SERVICES
T2015	06:HCPCS	HABILITATION, PREVOCATIONAL, WAIVER; PER HOUR	-	-	-	-	04.01 PREVOCATIONAL SERVICES	04 DAY SERVICES
T2016	06:HCPCS	HABILITATION, RESIDENTIAL, WAIVER; PER DIEM	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
T2017	06:HCPCS	HABILITATION, RESIDENTIAL, WAIVER; 15 MINUTES	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
T2018	06:HCPCS	HABILITATION, SUPPORTED EMPLOYMENT, WAIVER; PER DIEM	-	-	-	-	03.02.9 ONGOING SUPPORTED EMPLOYMENT, UNSPECIFIED	03 SUPPORTED EMPLOYMENT
T2019	06:HCPCS	HABILITATION, SUPPORTED EMPLOYMENT, WAIVER; PER 15 MINUTES	-	-	-	-	03.02.9 ONGOING SUPPORTED EMPLOYMENT, UNSPECIFIED	03 SUPPORTED EMPLOYMENT
T2020	06:HCPCS	DAY HABILITATION, WAIVER; PER DIEM	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES
T2021	06:HCPCS	DAY HABILITATION, WAIVER; PER 15 MINUTES	-	-	-	-	04.02 DAY HABILITATION	04 DAY SERVICES

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T2026	06:HCPCS	SPECIALIZED CHILDCARE, WAIVER; PER DIEM	-	-	-	-	04.08 MEDICAL DAY CARE FOR CHILDREN	04 DAY SERVICES
T2027	06:HCPCS	SPECIALIZED CHILDCARE, WAIVER; PER 15 MINUTES	-	-	-	-	04.08 MEDICAL DAY CARE FOR CHILDREN	04 DAY SERVICES
T2028	06:HCPCS	SPECIALIZED SUPPLY, NOT OTHERWISE SPECIFIED, WAIVER	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
T2029	06:HCPCS	SPECIALIZED MEDICAL EQUIPMENT, NOT OTHERWISE SPECIFIED, WAIVER	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
T2030	06:HCPCS	ASSISTED LIVING, WAIVER; PER MONTH	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
T2031	06:HCPCS	ASSISTED LIVING, WAIVER; DAILY	-	-	-	-	02.01.3 GROUP LIVING, OTHER	02 ROUND-THE-CLOCK SERVICES
T2032	06:HCPCS	RESIDENTIAL CARE, NOT OTHERWISE SPECIFIED (NOS), WAIVER; PER MONTH	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
T2033	06:HCPCS	RESIDENTIAL CARE, NOT OTHERWISE SPECIFIED (NOS), WAIVER; PER DIEM	-	-	-	-	02.99.9 ROUND-THE-CLOCK SERVICES, UNSPECIFIED	02 ROUND-THE-CLOCK SERVICES
T2034	06:HCPCS	CRISIS INTERVENTION, WAIVER; PER DIEM	-	-	-	-	10.03 CRISIS INTERVENTION	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
T2035	06:HCPCS	UTILITY SERVICES TO SUPPORT MEDICAL EQUIPMENT AND ASSISTIVE TECHNOLOGY/DEVICES, WAIVER	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
T2036	06:HCPCS	THERAPEUTIC CAMPING, OVERNIGHT, WAIVER; EACH SESSION	-	-	-	-	17.99.9 OTHER	17 OTHER
T2037	06:HCPCS	THERAPEUTIC CAMPING, DAY, WAIVER; EACH SESSION	-	-	-	-	17.99.9 OTHER	17 OTHER
T2038	06:HCPCS	COMMUNITY TRANSITION, WAIVER; PER SERVICE	-	-	-	-	16.01 COMMUNITY TRANSITION SERVICES	16 COMMUNITY TRANSITION SERVICES
T2039	06:HCPCS	VEHICLE MODIFICATIONS, WAIVER; PER SERVICE	-	-	-	-	14.02.0 HOME ACCESSIBILITY AND/OR VEHICLE ACCESSIBILITY ADAPTATIONS	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
T2040	06:HCPCS	FINANCIAL MANAGEMENT, SELF-DIRECTED, WAIVER; PER 15 MINUTES	-	-	-	-	12.01 FINANCIAL MANAGEMENT SERVICES IN SUPPORT OF PARTICIPANT DIRECTION	12 SERVICES SUPPORTING PARTICIPANT DIRECTION
T2041	06:HCPCS	SUPPORTS BROKERAGE, SELF-DIRECTED, WAIVER; PER 15 MINUTES	-	-	-	-	12.02 INFORMATION AND ASSISTANCE IN SUPPORT OF PAR	12 SERVICES SUPPORTING PARTICIPANT DIRECTION
T2041	06:HCPCS	SUPPORTS BROKERAGE, SELF-DIRECTED, WAIVER; PER 15 MINUTES	-	-	-	-	12.02 INFORMATION AND ASSISTANCE IN SUPPORT OF PAR	12 SERVICES SUPPORTING PARTICIPANT DIRECTION
T2042	06:HCPCS	HOSPICE ROUTINE HOME CARE; PER DIEM	-	-	-	-	17.99.9 OTHER	17 OTHER
T2043	06:HCPCS	HOSPICE CONTINUOUS HOME CARE; PER HOUR	-	-	-	-	17.99.9 OTHER	17 OTHER
T2044	06:HCPCS	HOSPICE INPATIENT RESPITE CARE; PER DIEM	-	-	-	-	09.01.1 RESPITE, OUT-OF-HOME	09 CAREGIVER SUPPORT
T2045	06:HCPCS	HOSPICE GENERAL INPATIENT CARE; PER DIEM	-	-	-	-	17.99.9 OTHER	17 OTHER
T2046	06:HCPCS	HOSPICE LONG TERM CARE, ROOM AND BOARD ONLY; PER DIEM	-	NW	-	-	17.99.9 OTHER	17 OTHER
T2048	06:HCPCS	BEHAVIORAL HEALTH; LONG-TERM CARE RESIDENTIAL (NON-ACUTE CARE IN A RESIDENTIAL NON-EMERGENCY TRANSPORTATION; STRETCHER VAN, MILEAGE; PER MILE	-	-	-	-	02.01.2 GROUP LIVING, MENTAL HEALTH SERVICES	02 ROUND-THE-CLOCK SERVICES
T2049	06:HCPCS	REPAIR/MODIFICATION OF A HEARING AID	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
T5999	06:HCPCS	SUPPLY, NOT OTHERWISE SPECIFIED	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
V2799	06:HCPCS	VISION SERVICE, MISCELLANEOUS	-	-	-	-	17.01 GOODS AND SERVICES	17 OTHER
V5008	06:HCPCS	HEARING SCREENING	-	-	-	-	11.02 HEALTH ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
V5008	06:HCPCS	HEARING SCREENING	-	-	-	-	11.02 HEALTH ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
V5010	06:HCPCS	ASSESSMENT FOR HEARING AID	-	-	-	-	11.02 HEALTH ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
V5010	06:HCPCS	ASSESSMENT FOR HEARING AID	-	-	-	-	11.02 HEALTH ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
V5011	06:HCPCS	FITTING/ORIENTATION/CHECKING OF HEARING AID	-	-	-	-	17.01 GOODS AND SERVICES	17 OTHER
V5011	06:HCPCS	FITTING/ORIENTATION/CHECKING OF HEARING AID	-	-	-	-	17.01 GOODS AND SERVICES	17 OTHER
V5014	06:HCPCS	REPAIR/MODIFICATION OF A HEARING AID	-	-	-	-	17.01 GOODS AND SERVICES	17 OTHER
V5014	06:HCPCS	REPAIR/MODIFICATION OF A HEARING AID	-	-	-	-	17.01 GOODS AND SERVICES	17 OTHER
V5020	06:HCPCS	CONFORMITY EVALUATION	-	-	-	-	17.01 GOODS AND SERVICES	17 OTHER
V5020	06:HCPCS	CONFORMITY EVALUATION	-	-	-	-	17.01 GOODS AND SERVICES	17 OTHER
V5299	06:HCPCS	HEARING SERVICE, MISCELLANEOUS	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
V5299	06:HCPCS	HEARING SERVICE, MISCELLANEOUS	-	-	-	-	11.10 SPEECH, HEARING, AND LANGUAGE THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
V5336	06:HCPCS	REPAIR/MODIFICATION OF AUGMENTATIVE COMMUNICATIVE SYSTEM OR DEVICE (EXCLUDES ADAPTIVE HEARING AID)	-	-	-	-	17.01 GOODS AND SERVICES	17 OTHER
V5336	06:HCPCS	REPAIR/MODIFICATION OF AUGMENTATIVE COMMUNICATIVE SYSTEM OR DEVICE (EXCLUDES ADAPTIVE HEARING AID)	-	-	-	-	17.01 GOODS AND SERVICES	17 OTHER
V5362	06:HCPCS	SPEECH SCREENING	-	-	-	-	11.02 HEALTH ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
V5362	06:HCPCS	SPEECH SCREENING	-	-	-	-	11.02 HEALTH ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
V5363	06:HCPCS	LANGUAGE SCREENING	-	-	-	-	11.02 HEALTH ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
V5363	06:HCPCS	LANGUAGE SCREENING	-	-	-	-	11.02 HEALTH ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
V5364	06:HCPCS	DYSPHAGIA SCREENING	-	-	-	-	11.02 HEALTH ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES

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V5364	06:HCPCS	DYSPHAGIA SCREENING	-	-	-	-	11.02 HEALTH ASSESSMENT	11 OTHER HEALTH AND THERAPEUTIC SERVICES
96361	01:CPT	INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
96373	01:CPT	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); INTRA-ARTERIAL	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
97012	01:CPT	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; TRACTION, MECHANICAL	-	-	-	-	11.09 PHYSICAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
97014	01:CPT	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ELECTRICAL STIMULATION (UNATTENDED)	-	-	-	-	11.09 PHYSICAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
97018	01:CPT	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; PARAFFIN BATH	-	-	-	-	11.09 PHYSICAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
97022	01:CPT	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; WHIRLPOOL	-	-	-	-	11.09 PHYSICAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
97034	01:CPT	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; CONTRAST BATHS, EACH 15 MINUTES	-	-	-	-	11.09 PHYSICAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
97602	01:CPT	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), NON-SELECTIVE DEBRIDEMENT, WITHOUT ANESTHESIA (EG, WET-TO-MOIST DRESSINGS, ENZYMATIC, ABRASION), INCLUDING TOPICAL APPLICATION(S), WOUND ASSESSMENT, AND INSTRUCTION(S) FOR ONGOING CARE, PER SESSION	-	-	-	-	11.09 PHYSICAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
97605	01:CPT	NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION), INCLUDING TOPICAL APPLICATION(S), WOUND ASSESSMENT, AND INSTRUCTION(S) FOR ONGOING CARE, PER SESSION; TOTAL WOUND(S) SURFACE AREA LESS THAN OR EQUAL TO 50 SQUARE CENTIMETERS	-	-	-	-	11.09 PHYSICAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
97750	01:CPT	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL, FUNCTIONAL CAPACITY), WITH WRITTEN REPORT, EACH 15 MINUTES	-	-	-	-	11.09 PHYSICAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
97755	01:CPT	ASSISTIVE TECHNOLOGY ASSESSMENT (EG, TO RESTORE, AUGMENT OR COMPENSATE FOR EXISTING FUNCTION, OPTIMIZE FUNCTIONAL TASKS AND/OR MAXIMIZE ENVIRONMENTAL ACCESSIBILITY), DIRECT ONE-ON-ONE CONTACT BY PROVIDER, WITH WRITTEN REPORT, EACH 15 MINUTES	-	-	-	-	11.09 PHYSICAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
97762	01:CPT	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 15 MINUTES	-	-	-	-	11.09 PHYSICAL THERAPY	11 OTHER HEALTH AND THERAPEUTIC SERVICES
98925	01:CPT	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 1-2 BODY REGIONS INVOLVED	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
98926	01:CPT	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 3-4 BODY REGIONS INVOLVED	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
98927	01:CPT	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 5-6 BODY REGIONS INVOLVED	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
98940	01:CPT	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 1-2 REGIONS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
98941	01:CPT	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 3-4 REGIONS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
98942	01:CPT	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 5 REGIONS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99000	01:CPT	HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PHYSICIAN'S OFFICE TO A LABORATORY	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99001	01:CPT	HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PATIENT IN OTHER THAN A PHYSICIAN'S OFFICE TO A LABORATORY (DISTANCE MAY BE INDICATED)	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES

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99050	01:CPT	SERVICES PROVIDED IN THE OFFICE AT TIMES OTHER THAN REGULARLY SCHEDULED OFFICE HOURS, OR DAYS WHEN THE OFFICE IS NORMALLY CLOSED (EG, HOLIDAYS, SATURDAY OR SUNDAY), IN ADDITION TO BASIC SERVICE	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99053	01:CPT	SERVICE(S) PROVIDED BETWEEN 10:00 PM AND 8:00 AM AT 24-HOUR FACILITY, IN ADDITION TO BASIC SERVICE	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99145	01:CPT	MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00100-01999) PROVIDED BY THE SAME PHYSICIAN PERFORMING THE DIAGNOSTIC OR THERAPEUTIC SERVICE THAT THE SEDATION SUPPORTS, REQUIRING THE PRESENCE OF AN INDEPENDENT TRAINED OBSERVER TO ASSIST IN THE MONITORING OF THE PATIENT'S LEVEL OF CONSCIOUSNESS AND PHYSIOLOGICAL STATUS; EACH ADDITIONAL 15 MINUTES INTRA-SERVICE TIME (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE)	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99149	01:CPT	MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00100-01999), PROVIDED BY A PHYSICIAN OTHER THAN THE HEALTH CARE PROFESSIONAL PERFORMING THE DIAGNOSTIC OR THERAPEUTIC SERVICE THAT THE SEDATION SUPPORTS; AGE 5 YEARS OR OLDER, FIRST 30 MINUTES INTRA-SERVICE TIME	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99183	01:CPT	PHYSICIAN ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99195	01:CPT	PROCEDURE)	-	-	-	-	UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99217	01:CPT	OBSERVATION CARE DISCHARGE DAY MANAGEMENT (THIS CODE IS TO BE UTILIZED BY THE PHYSICIAN TO REPORT ALL SERVICES PROVIDED TO A PATIENT ON DISCHARGE FROM "OBSERVATION STATUS" IF THE DISCHARGE IS ON OTHER THAN THE INITIAL DATE OF "OBSERVATION STATUS." TO REPORT SERVICES TO A PATIENT DESIGNATED AS "OBSERVATION STATUS" OR "INPATIENT STATUS" AND DISCHARGED ON THE SAME DATE, USE THE CODES FOR OBSERVATION OR INPATIENT CARE SERVICES [INCLUDING ADMISSION AND DISCHARGE SERVICES, 99234-99236 AS APPROPRIATE.]	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99218	01:CPT	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED OR COMPREHENSIVE HISTORY; A DETAILED OR COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING THAT IS STRAIGHTFORWARD OR OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PROBLEM(S) REQUIRING ADMISSION TO "OBSERVATION STATUS" ARE OF LOW SEVERITY.	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES

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99219	01:CPT	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PROBLEM(S) REQUIRING ADMISSION TO "OBSERVATION STATUS" ARE OF MODERATE SEVERITY.	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99220	01:CPT	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PROBLEM(S) REQUIRING ADMISSION TO "OBSERVATION STATUS" ARE OF HIGH SEVERITY.	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99222	01:CPT	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PROBLEM(S) REQUIRING ADMISSION ARE OF MODERATE SEVERITY. PHYSICIANS TYPICALLY SPEND 50 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S HOSPITAL FLOOR OR UNIT.	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99223	01:CPT	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PROBLEM(S) REQUIRING ADMISSION ARE OF HIGH SEVERITY. PHYSICIANS TYPICALLY SPEND 70 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S HOSPITAL FLOOR OR UNIT.	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES

NATIONAL CODES: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
99233	01:CPT	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED INTERVAL HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PATIENT IS UNSTABLE OR HAS DEVELOPED A SIGNIFICANT COMPLICATION OR A SIGNIFICANT NEW PROBLEM. PHYSICIANS TYPICALLY SPEND 35 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S HOSPITAL FLOOR OR UNIT.	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99234	01:CPT	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT INCLUDING ADMISSION AND DISCHARGE ON THE SAME DATE, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED OR COMPREHENSIVE HISTORY; A DETAILED OR COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING THAT IS STRAIGHTFORWARD OR OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY THE PRESENTING PROBLEM(S) REQUIRING ADMISSION ARE OF LOW SEVERITY.	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99235	01:CPT	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT INCLUDING ADMISSION AND DISCHARGE ON THE SAME DATE, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY THE PRESENTING PROBLEM(S) REQUIRING ADMISSION ARE OF MODERATE SEVERITY.	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99236	01:CPT	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT INCLUDING ADMISSION AND DISCHARGE ON THE SAME DATE, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY THE PRESENTING PROBLEM(S) REQUIRING ADMISSION ARE OF HIGH SEVERITY.	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99238	01:CPT	HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99239	01:CPT	HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES

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99241	01:CPT	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION; AND STRAIGHTFORWARD MEDICAL DECISION MAKING. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE SELF LIMITED OR MINOR. PHYSICIANS TYPICALLY SPEND 15 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99242	01:CPT	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; AND STRAIGHTFORWARD MEDICAL DECISION MAKING. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE OF LOW SEVERITY. PHYSICIANS TYPICALLY SPEND 30 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99243	01:CPT	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; AND MEDICAL DECISION MAKING OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE OF MODERATE SEVERITY. PHYSICIANS TYPICALLY SPEND 40 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99244	01:CPT	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE OF MODERATE TO HIGH SEVERITY. PHYSICIANS TYPICALLY SPEND 60 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES

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PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
99245	01:CPT	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE OF MODERATE TO HIGH SEVERITY. PHYSICIANS TYPICALLY SPEND 80 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99251	01:CPT	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION; AND STRAIGHTFORWARD MEDICAL DECISION MAKING. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE SELF LIMITED OR MINOR. PHYSICIANS TYPICALLY SPEND 20 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S HOSPITAL FLOOR OR UNIT.	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99252	01:CPT	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; AND STRAIGHTFORWARD MEDICAL DECISION MAKING. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE OF LOW SEVERITY. PHYSICIANS TYPICALLY SPEND 40 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S HOSPITAL FLOOR OR UNIT.	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99254	01:CPT	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE OF MODERATE TO HIGH SEVERITY. PHYSICIANS TYPICALLY SPEND 80 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S HOSPITAL FLOOR OR UNIT.	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES

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99281	01:CPT	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION; AND STRAIGHTFORWARD MEDICAL DECISION MAKING. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE SELF LIMITED OR MINOR.	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99291	01:CPT	CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL OR CRITICALLY INJURED PATIENT; FIRST 30-74 MINUTES	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99292	01:CPT	CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL OR CRITICALLY INJURED PATIENT; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE)	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99304	01:CPT	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED OR COMPREHENSIVE HISTORY; A DETAILED OR COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING THAT IS STRAIGHTFORWARD OR OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PROBLEM(S) REQUIRING ADMISSION ARE OF LOW SEVERITY. PHYSICIANS TYPICALLY SPEND 25 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S FACILITY FLOOR OR UNIT.	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99305	01:CPT	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PROBLEM(S) REQUIRING ADMISSION ARE OF MODERATE SEVERITY. PHYSICIANS TYPICALLY SPEND 35 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S FACILITY FLOOR OR UNIT.	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99306	01:CPT	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PROBLEM(S) REQUIRING ADMISSION ARE OF HIGH SEVERITY. PHYSICIANS TYPICALLY SPEND 45 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S FACILITY FLOOR OR UNIT.	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES

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99307	01:CPT	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED INTERVAL HISTORY; A PROBLEM FOCUSED EXAMINATION; STRAIGHTFORWARD MEDICAL DECISION MAKING. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PATIENT IS STABLE, RECOVERING, OR IMPROVING. PHYSICIANS TYPICALLY SPEND 10 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S FACILITY FLOOR OR UNIT.	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99308	01:CPT	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED INTERVAL HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PATIENT IS RESPONDING INADEQUATELY TO THERAPY OR HAS DEVELOPED A MINOR COMPLICATION. PHYSICIANS TYPICALLY SPEND 15 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S FACILITY FLOOR OR UNIT.	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99309	01:CPT	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED INTERVAL HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PATIENT HAS DEVELOPED A SIGNIFICANT COMPLICATION OR A SIGNIFICANT NEW PROBLEM. PHYSICIANS TYPICALLY SPEND 25 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S FACILITY FLOOR OR UNIT.	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99310	01:CPT	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A COMPREHENSIVE INTERVAL HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. THE PATIENT MAY BE UNSTABLE OR MAY HAVE DEVELOPED A SIGNIFICANT NEW PROBLEM REQUIRING IMMEDIATE PHYSICIAN ATTENTION. PHYSICIANS TYPICALLY SPEND 35 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S FACILITY FLOOR OR UNIT.	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99315	01:CPT	NURSING FACILITY DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES

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99316	01:CPT	NURSING FACILITY DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99318	01:CPT	EVALUATION AND MANAGEMENT OF A PATIENT INVOLVING AN ANNUAL NURSING FACILITY ASSESSMENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED INTERVAL HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING THAT IS OF LOW TO MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PATIENT IS STABLE, RECOVERING, OR IMPROVING. PHYSICIANS TYPICALLY SPEND 30 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S FACILITY FLOOR OR UNIT.	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99324	01:CPT	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION; AND STRAIGHTFORWARD MEDICAL DECISION MAKING. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE OF LOW SEVERITY. PHYSICIANS TYPICALLY SPEND 20 MINUTES WITH THE PATIENT AND/OR FAMILY OR CAREGIVER.	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99325	01:CPT	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; AND MEDICAL DECISION MAKING OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE OF MODERATE SEVERITY. PHYSICIANS TYPICALLY SPEND 30 MINUTES WITH THE PATIENT AND/OR FAMILY OR CAREGIVER.	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99326	01:CPT	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE OF MODERATE TO HIGH SEVERITY. PHYSICIANS TYPICALLY SPEND 45 MINUTES WITH THE PATIENT AND/OR FAMILY OR CAREGIVER.	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES

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99327	01:CPT	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE OF HIGH SEVERITY. PHYSICIANS TYPICALLY SPEND 60 MINUTES WITH THE PATIENT AND/OR FAMILY OR CAREGIVER.	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99334	01:CPT	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED INTERVAL HISTORY; A PROBLEM FOCUSED EXAMINATION; STRAIGHTFORWARD MEDICAL DECISION MAKING. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE SELF-LIMITED OR MINOR. PHYSICIANS TYPICALLY SPEND 15 MINUTES WITH THE PATIENT AND/OR FAMILY OR CAREGIVER.	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99335	01:CPT	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED INTERVAL HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE OF LOW TO MODERATE SEVERITY. PHYSICIANS TYPICALLY SPEND 25 MINUTES WITH THE PATIENT AND/OR FAMILY OR CAREGIVER.	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99336	01:CPT	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED INTERVAL HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE OF MODERATE TO HIGH SEVERITY. PHYSICIANS TYPICALLY SPEND 40 MINUTES WITH THE PATIENT AND/OR FAMILY OR CAREGIVER.	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES

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99337	01:CPT	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A COMPREHENSIVE INTERVAL HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF MODERATE TO HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE OF MODERATE TO HIGH SEVERITY. THE PATIENT MAY BE UNSTABLE OR MAY HAVE DEVELOPED A SIGNIFICANT NEW PROBLEM REQUIRING IMMEDIATE PHYSICIAN ATTENTION. PHYSICIANS TYPICALLY SPEND 60 MINUTES WITH THE PATIENT AND/OR FAMILY OR CAREGIVER.	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99342	01:CPT	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; AND MEDICAL DECISION MAKING OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE OF MODERATE SEVERITY. PHYSICIANS TYPICALLY SPEND 30 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99345	01:CPT	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PATIENT IS UNSTABLE OR HAS DEVELOPED A SIGNIFICANT NEW PROBLEM REQUIRING IMMEDIATE PHYSICIAN ATTENTION. PHYSICIANS TYPICALLY SPEND 75 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99350	01:CPT	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A COMPREHENSIVE INTERVAL HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF MODERATE TO HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE OF MODERATE TO HIGH SEVERITY. THE PATIENT MAY BE UNSTABLE OR MAY HAVE DEVELOPED A SIGNIFICANT NEW PROBLEM REQUIRING IMMEDIATE PHYSICIAN ATTENTION. PHYSICIANS TYPICALLY SPEND 60 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES

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99354	01:CPT	OTHER OUTPATIENT SETTING REQUIRING DIRECT (FACE-TO-FACE) PATIENT CONTACT BEYOND THE USUAL SERVICE; FIRST HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR OFFICE OR OTHER OUTPATIENT EVALUATION AND MANAGEMENT SERVICE)	-	-	-	-	11.05 PHYSICIAN SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99355	01:CPT	PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUIRING DIRECT (FACE-TO-FACE) PATIENT CONTACT BEYOND THE USUAL SERVICE; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PROLONGED PHYSICIAN SERVICE)	-	-	-	-	11.05 PHYSICIAN SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99356	01:CPT	PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING UNIT/FLOOR TIME BEYOND THE USUAL SERVICE; FIRST HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR INPATIENT EVALUATION AND MANAGEMENT SERVICE)	-	-	-	-	11.05 PHYSICIAN SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99357	01:CPT	PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING UNIT/FLOOR TIME BEYOND THE USUAL SERVICE; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PROLONGED PHYSICIAN SERVICE)	-	-	-	-	11.05 PHYSICIAN SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99367	01:CPT	MEDICINE TEAM CONFERENCE WITH INTERDISCIPLINARY TEAM OF HEALTH CARE PROFESSIONALS, PATIENT AND/OR FAMILY NOT PRESENT, 30 MINUTES OR MORE; PARTICIPATION BY PHYSICIAN	-	-	-	-	11.05 PHYSICIAN SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99375	01:CPT	PHYSICIAN SUPERVISION OF A PATIENT UNDER CARE OF HOME HEALTH AGENCY (PATIENT NOT PRESENT) IN HOME, DOMICILIARY OR EQUIVALENT ENVIRONMENT (EG, ALZHEIMER'S FACILITY) REQUIRING COMPLEX AND MULTIDISCIPLINARY CARE MODALITIES INVOLVING REGULAR PHYSICIAN DEVELOPMENT AND/OR REVISION OF CARE PLANS, REVIEW OF SUBSEQUENT REPORTS OF PATIENT STATUS, REVIEW OF RELATED LABORATORY AND OTHER STUDIES, COMMUNICATION (INCLUDING TELEPHONE CALLS) FOR PURPOSES OF ASSESSMENT OR CARE DECISIONS WITH HEALTH CARE PROFESSIONAL(S), FAMILY MEMBER(S), SURROGATE DECISION MAKER(S) (EG, LEGAL GUARDIAN) AND/OR KEY CAREGIVER(S) INVOLVED IN PATIENT'S CARE, INTEGRATION OF NEW INFORMATION INTO THE MEDICAL TREATMENT PLAN AND/OR ADJUSTMENT OF MEDICAL THERAPY, WITHIN A CALENDAR MONTH; 30 MINUTES OR MORE	-	-	-	-	11.05 PHYSICIAN SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99384	01:CPT	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND SEX APPROPRIATE HISTORY, EXAMINATION, COUNSELING/ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION INTERVENTIONS, AND THE ORDERING OF LABORATORY/DIAGNOSTIC PROCEDURES, NEW PATIENT; ADOLESCENT (AGE 12 THROUGH 17 YEARS)	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99406	01:CPT	SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTERMEDIATE, GREATER THAN 3 MINUTES UP TO 10 MINUTES	-	-	-	-	11.13 OTHER THERAPIES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99407	01:CPT	COUNSELING VISIT; INTENSIVE, GREATER THAN 10 MINUTES	-	-	-	-	11.13 OTHER THERAPIES	11 OTHER HEALTH AND THERAPEUTIC SERVICES

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99441	01:CPT	TELEPHONE EVALUATION AND MANAGEMENT SERVICE PROVIDED BY A PHYSICIAN TO AN ESTABLISHED PATIENT, PARENT, OR GUARDIAN NOT ORIGINATING FROM A RELATED E/M SERVICE PROVIDED WITHIN THE PREVIOUS 7 DAYS NOR LEADING TO AN E/M SERVICE OR PROCEDURE WITHIN THE NEXT 24 HOURS OR SOONEST AVAILABLE APPOINTMENT; 5-10 MINUTES OF MEDICAL DISCUSSION	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99442	01:CPT	TELEPHONE EVALUATION AND MANAGEMENT SERVICE PROVIDED BY A PHYSICIAN TO AN ESTABLISHED PATIENT, PARENT, OR GUARDIAN NOT ORIGINATING FROM A RELATED E/M SERVICE PROVIDED WITHIN THE PREVIOUS 7 DAYS NOR LEADING TO AN E/M SERVICE OR PROCEDURE WITHIN THE NEXT 24 HOURS OR SOONEST AVAILABLE APPOINTMENT; 11-20 MINUTES OF MEDICAL DISCUSSION	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99460	01:CPT	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99462	01:CPT	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN	-	-	-	-	11.01 HEALTH MONITORING	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99464	01:CPT	ATTENDANCE AT DELIVERY (WHEN REQUESTED BY THE DELIVERING PHYSICIAN) AND INITIAL STABILIZATION OF NEWBORN	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99471	01:CPT	INITIAL INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A CRITICALLY ILL INFANT OR YOUNG CHILD, 29 DAYS THROUGH 24 MONTHS OF AGE	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99472	01:CPT	SUBSEQUENT INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A CRITICALLY ILL INFANT OR YOUNG CHILD, 29 DAYS THROUGH 24 MONTHS OF AGE	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99477	01:CPT	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE NEONATE, 28 DAYS OF AGE OR YOUNGER, WHO REQUIRES INTENSIVE OBSERVATION, FREQUENT INTERVENTIONS, AND OTHER INTENSIVE CARE SERVICES	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
99600	01:CPT	UNLISTED HOME VISIT SERVICE OR PROCEDURE	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0127	06:HCPCS	TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0143	06:HCPCS	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION, WITH MANUAL SCREENING AND RESCREENING BY CYTOTECHNOLOGIST UNDER PHYSICIAN SUPERVISION	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0204	06:HCPCS	DIAGNOSTIC MAMMOGRAPHY, PRODUCING DIRECT DIGITAL IMAGE, BILATERAL, ALL VIEWS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0206	06:HCPCS	DIAGNOSTIC MAMMOGRAPHY, PRODUCING DIRECT DIGITAL IMAGE, UNILATERAL, ALL VIEWS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES

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G0248	06:HCPCS	DEMONSTRATION, PRIOR TO INITIAL USE, OF HOME INR MONITORING FOR PATIENT WITH EITHER MECHANICAL HEART VALVE(S), CHRONIC ATRIAL FIBRILLATION, OR VENOUS THROMBOEMBOLISM WHO MEETS MEDICARE COVERAGE CRITERIA; UNDER THE DIRECTION OF A PHYSICIAN; INCLUDES: FACE-TO-FACE DEMONSTRATION OF USE AND CARE OF THE INR MONITOR, OBTAINING AT LEAST ONE BLOOD SAMPLE, PROVISION OF INSTRUCTIONS FOR REPORTING HOME INR TEST RESULTS, AND DOCUMENTATION OF PATIENT ABILITY TO PERFORM TESTING PRIOR TO ITS USE	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0249	06:HCPCS	PROVISION OF TEST MATERIALS AND EQUIPMENT FOR HOME INR MONITORING OF PATIENT WITH EITHER MECHANICAL HEART VALVE(S), CHRONIC ATRIAL FIBRILLATION, OR VENOUS THROMBOEMBOLISM WHO MEETS MEDICARE COVERAGE CRITERIA; INCLUDES PROVISION OF MATERIALS FOR USE IN THE HOME AND REPORTING OF TEST RESULTS TO PHYSICIAN; NOT OCCURRING MORE FREQUENTLY THAN ONCE A WEEK	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0250	06:HCPCS	PHYSICIAN REVIEW, INTERPRETATION, AND PATIENT MANAGEMENT OF HOME INR TESTING FOR A PATIENT WITH EITHER MECHANICAL HEART VALVE(S), CHRONIC ATRIAL FIBRILLATION, OR VENOUS THROMBOEMBOLISM WHO MEETS MEDICARE COVERAGE CRITERIA; INCLUDES FACE-TO-FACE VERIFICATION BY THE PHYSICIAN AT LEAST ONCE A YEAR (E.G. DURING AN EVALUATION AND MANAGEMENT SERVICE) THAT THE PATIENT USES THE DEVICE IN THE CONTEXT OF THE MANAGEMENT OF THE ANTICOAGULATION THERAPY FOLLOWING INITIATION OF THE HOME INR MONITORING; NOT OCCURRING MORE FREQUENTLY THAN ONCE A WEEK	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0260	06:HCPCS	INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STEROID AND/OR OTHER THERAPEUTIC AGENT, WITH OR WITHOUT ARTHROGRAPHY	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0268	06:HCPCS	REMOVAL OF IMPACTED CERUMEN (ONE OR BOTH EARS) BY PHYSICIAN ON SAME DATE OF SERVICE AS AUDIOLOGIC FUNCTION TESTING	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0275	06:HCPCS	RENAL ANGIOGRAPHY, NON-SELECTIVE, ONE OR BOTH KIDNEYS, PERFORMED AT THE SAME TIME AS CARDIAC CATHETERIZATION AND/OR CORONARY ANGIOGRAPHY, INCLUDES POSITIONING OR PLACEMENT OF ANY CATHETER IN THE ABDOMINAL AORTA AT OR NEAR THE ORIGINS (OSTIA) OF THE RENAL ARTERIES, INJECTION OF DYE, FLUSH AORTOGRAM, PRODUCTION OF PERMANENT IMAGES, AND RADIOLOGIC SUPERVISION AND INTERPRETATION (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0283	06:HCPCS	ELECTRICAL STIMULATION (UNATTENDED), TO ONE OR MORE AREAS FOR INDICATION(S) OTHER THAN WOUND CARE, AS PART OF A THERAPY PLAN OF CARE	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0289	06:HCPCS	ARTHROSCOPY, KNEE, SURGICAL, FOR REMOVAL OF LOOSE BODY, FOREIGN BODY, DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY) AT THE TIME OF OTHER SURGICAL KNEE ARTHROSCOPY IN A DIFFERENT COMPARTMENT OF THE SAME KNEE	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES

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G0290	06:HCPCS	TRANSCATHETER PLACEMENT OF A DRUG ELUTING INTRACORONARY STENT(S), PERCUTANEOUS, WITH OR WITHOUT OTHER THERAPEUTIC INTERVENTION, ANY METHOD; SINGLE VESSEL	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0291	06:HCPCS	TRANSCATHETER PLACEMENT OF A DRUG ELUTING INTRACORONARY STENT(S), PERCUTANEOUS, WITH OR WITHOUT OTHER THERAPEUTIC INTERVENTION, ANY METHOD; EACH ADDITIONAL VESSEL	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0306	06:HCPCS	COMPLETE CBC, AUTOMATED (HGB, HCT, RBC, WBC, WITHOUT PLATELET COUNT) AND AUTOMATED WBC DIFFERENTIAL COUNT	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0307	06:HCPCS	COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC; WITHOUT PLATELET COUNT)	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0328	06:HCPCS	COLORECTAL CANCER SCREENING; FECAL OCCULT BLOOD TEST, IMMUNOASSAY, 1-3 SIMULTANEOUS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0364	06:HCPCS	BONE MARROW ASPIRATION PERFORMED WITH BONE MARROW BIOPSY THROUGH THE SAME INCISION ON THE SAME DATE OF SERVICE	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0365	06:HCPCS	VESSEL MAPPING OF VESSELS FOR HEMODIALYSIS ACCESS (SERVICES FOR PREOPERATIVE VESSEL MAPPING PRIOR TO CREATION OF HEMODIALYSIS ACCESS USING AN AUTOGENOUS HEMODIALYSIS CONDUIT, INCLUDING ARTERIAL INFLOW AND VENOUS OUTFLOW)	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0378	06:HCPCS	HOSPITAL OBSERVATION SERVICE, PER HOUR	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0379	06:HCPCS	DIRECT ADMISSION OF PATIENT FOR HOSPITAL OBSERVATION CARE	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0380	06:HCPCS	LEVEL 1 HOSPITAL EMERGENCY DEPARTMENT VISIT PROVIDED IN A TYPE B EMERGENCY DEPARTMENT; (THE ED MUST MEET AT LEAST ONE OF THE FOLLOWING REQUIREMENTS: (1) IT IS LICENSED BY THE STATE IN WHICH IT IS LOCATED UNDER APPLICABLE STATE LAW AS AN EMERGENCY ROOM OR EMERGENCY DEPARTMENT; (2) IT IS HELD OUT TO THE PUBLIC (BY NAME, POSTED SIGNS, ADVERTISING, OR OTHER MEANS) AS A PLACE THAT PROVIDES CARE FOR EMERGENCY MEDICAL CONDITIONS ON AN URGENT BASIS WITHOUT REQUIRING A PREVIOUSLY SCHEDULED APPOINTMENT; OR (3) DURING THE CALENDAR YEAR IMMEDIATELY PRECEDING THE CALENDAR YEAR IN WHICH A DETERMINATION UNDER 42 CFR §489.24 IS BEING MADE, BASED ON A REPRESENTATIVE SAMPLE OF PATIENT VISITS THAT OCCURRED DURING THAT CALENDAR YEAR, IT PROVIDES AT LEAST ONE-THIRD OF ALL OF ITS OUTPATIENT VISITS FOR THE TREATMENT OF EMERGENCY MEDICAL CONDITIONS ON AN URGENT BASIS WITHOUT REQUIRING A PREVIOUSLY SCHEDULED APPOINTMENT)	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES

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G0381	06:HCPCS	LEVEL 2 HOSPITAL EMERGENCY DEPARTMENT VISIT PROVIDED IN A TYPE B EMERGENCY DEPARTMENT; (THE ED MUST MEET AT LEAST ONE OF THE FOLLOWING REQUIREMENTS: (1) IT IS LICENSED BY THE STATE IN WHICH IT IS LOCATED UNDER APPLICABLE STATE LAW AS AN EMERGENCY ROOM OR EMERGENCY DEPARTMENT; (2) IT IS HELD OUT TO THE PUBLIC (BY NAME, POSTED SIGNS, ADVERTISING, OR OTHER MEANS) AS A PLACE THAT PROVIDES CARE FOR EMERGENCY MEDICAL CONDITIONS ON AN URGENT BASIS WITHOUT REQUIRING A PREVIOUSLY SCHEDULED APPOINTMENT; OR (3) DURING THE CALENDAR YEAR IMMEDIATELY PRECEDING THE CALENDAR YEAR IN WHICH A DETERMINATION UNDER 42 CFR §489.24 IS BEING MADE, BASED ON A REPRESENTATIVE SAMPLE OF PATIENT VISITS THAT OCCURRED DURING THAT CALENDAR YEAR, IT PROVIDES AT LEAST ONE-THIRD OF ALL OF ITS OUTPATIENT VISITS FOR THE TREATMENT OF EMERGENCY MEDICAL CONDITIONS ON AN URGENT BASIS WITHOUT REQUIRING A PREVIOUSLY SCHEDULED APPOINTMENT)	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0382	06:HCPCS	LEVEL 3 HOSPITAL EMERGENCY DEPARTMENT VISIT PROVIDED IN A TYPE B EMERGENCY DEPARTMENT; (THE ED MUST MEET AT LEAST ONE OF THE FOLLOWING REQUIREMENTS: (1) IT IS LICENSED BY THE STATE IN WHICH IT IS LOCATED UNDER APPLICABLE STATE LAW AS AN EMERGENCY ROOM OR EMERGENCY DEPARTMENT; (2) IT IS HELD OUT TO THE PUBLIC (BY NAME, POSTED SIGNS, ADVERTISING, OR OTHER MEANS) AS A PLACE THAT PROVIDES CARE FOR EMERGENCY MEDICAL CONDITIONS ON AN URGENT BASIS WITHOUT REQUIRING A PREVIOUSLY SCHEDULED APPOINTMENT; OR (3) DURING THE CALENDAR YEAR IMMEDIATELY PRECEDING THE CALENDAR YEAR IN WHICH A DETERMINATION UNDER 42 CFR §489.24 IS BEING MADE, BASED ON A REPRESENTATIVE SAMPLE OF PATIENT VISITS THAT OCCURRED DURING THAT CALENDAR YEAR, IT PROVIDES AT LEAST ONE-THIRD OF ALL OF ITS OUTPATIENT VISITS FOR THE TREATMENT OF EMERGENCY MEDICAL CONDITIONS ON AN URGENT BASIS WITHOUT REQUIRING A PREVIOUSLY SCHEDULED APPOINTMENT)	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES

NATIONAL CODES: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
G0383	06:HCPCS	LEVEL 4 HOSPITAL EMERGENCY DEPARTMENT VISIT PROVIDED IN A TYPE B EMERGENCY DEPARTMENT; (THE ED MUST MEET AT LEAST ONE OF THE FOLLOWING REQUIREMENTS: (1) IT IS LICENSED BY THE STATE IN WHICH IT IS LOCATED UNDER APPLICABLE STATE LAW AS AN EMERGENCY ROOM OR EMERGENCY DEPARTMENT; (2) IT IS HELD OUT TO THE PUBLIC (BY NAME, POSTED SIGNS, ADVERTISING, OR OTHER MEANS) AS A PLACE THAT PROVIDES CARE FOR EMERGENCY MEDICAL CONDITIONS ON AN URGENT BASIS WITHOUT REQUIRING A PREVIOUSLY SCHEDULED APPOINTMENT; OR (3) DURING THE CALENDAR YEAR IMMEDIATELY PRECEDING THE CALENDAR YEAR IN WHICH A DETERMINATION UNDER 42 CFR §489.24 IS BEING MADE, BASED ON A REPRESENTATIVE SAMPLE OF PATIENT VISITS THAT OCCURRED DURING THAT CALENDAR YEAR, IT PROVIDES AT LEAST ONE-THIRD OF ALL OF ITS OUTPATIENT VISITS FOR THE TREATMENT OF EMERGENCY MEDICAL CONDITIONS ON AN URGENT BASIS WITHOUT REQUIRING A PREVIOUSLY SCHEDULED APPOINTMENT)	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0384	06:HCPCS	LEVEL 5 HOSPITAL EMERGENCY DEPARTMENT VISIT PROVIDED IN A TYPE B EMERGENCY DEPARTMENT; (THE ED MUST MEET AT LEAST ONE OF THE FOLLOWING REQUIREMENTS: (1) IT IS LICENSED BY THE STATE IN WHICH IT IS LOCATED UNDER APPLICABLE STATE LAW AS AN EMERGENCY ROOM OR EMERGENCY DEPARTMENT; (2) IT IS HELD OUT TO THE PUBLIC (BY NAME, POSTED SIGNS, ADVERTISING, OR OTHER MEANS) AS A PLACE THAT PROVIDES CARE FOR EMERGENCY MEDICAL CONDITIONS ON AN URGENT BASIS WITHOUT REQUIRING A PREVIOUSLY SCHEDULED APPOINTMENT; OR (3) DURING THE CALENDAR YEAR IMMEDIATELY PRECEDING THE CALENDAR YEAR IN WHICH A DETERMINATION UNDER 42 CFR §489.24 IS BEING MADE, BASED ON A REPRESENTATIVE SAMPLE OF PATIENT VISITS THAT OCCURRED DURING THAT CALENDAR YEAR, IT PROVIDES AT LEAST ONE-THIRD OF ALL OF ITS OUTPATIENT VISITS FOR THE TREATMENT OF EMERGENCY MEDICAL CONDITIONS ON AN URGENT BASIS WITHOUT REQUIRING A PREVIOUSLY SCHEDULED APPOINTMENT)	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
G0396	06:HCPCS	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED ASSESSMENT (E.G., AUDIT, DAST), AND BRIEF INTERVENTION 15 TO 30 MINUTES	-	-	-	-	10.01 MENTAL HEALTH ASSESSMENT	10 OTHER MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES
G0403	06:HCPCS	ELECTROCARDIOGRAM, ROUTINE ECG WITH 12 LEADS; PERFORMED AS A SCREENING FOR THE INITIAL PREVENTIVE PHYSICAL EXAMINATION WITH INTERPRETATION AND REPORT	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
P9016	06:HCPCS	UNIT	-	-	-	-	UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
P9021	06:HCPCS	RED BLOOD CELLS, EACH UNIT	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
P9033	06:HCPCS	PLATELETS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
P9035	06:HCPCS	PLATELETS, PHERESIS, LEUKOCYTES REDUCED, EACH UNIT	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES

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P9037	06:HCPCS	PLATELETS, PHERESIS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
P9040	06:HCPCS	RED BLOOD CELLS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
P9047	06:HCPCS	INFUSION, ALBUMIN (HUMAN), 25%, 50 ML	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
P9612	06:HCPCS	CATHETERIZATION FOR COLLECTION OF SPECIMEN, SINGLE PATIENT, ALL PLACES OF SERVICE	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
Q0092	06:HCPCS	SET-UP PORTABLE X-RAY EQUIPMENT	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
Q0111	06:HCPCS	LAB	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
Q0112	06:HCPCS	LAB	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
Q0144	06:HCPCS	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
Q0179	06:HCPCS	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
Q0510	06:HCPCS	PHARMACY SUPPLY FEE FOR INITIAL IMMUNOSUPPRESSIVE DRUG(S), FIRST MONTH FOLLOWING TRANSPLANT	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
Q0511	06:HCPCS	PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL ANTI-EMETIC OR IMMUNOSUPPRESSIVE DRUG(S); FOR THE FIRST PRESCRIPTION IN A 30-DAY PERIOD	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
Q0512	06:HCPCS	PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL ANTI-EMETIC OR IMMUNOSUPPRESSIVE DRUG(S); FOR A SUBSEQUENT PRESCRIPTION IN A 30-DAY PERIOD	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
Q0513	06:HCPCS	PHARMACY DISPENSING FEE FOR INHALATION DRUG(S); PER 30 DAYS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
Q0514	06:HCPCS	PHARMACY DISPENSING FEE FOR INHALATION DRUG(S); PER 90 DAYS	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
Q1003	06:HCPCS	NEW TECHNOLOGY INTRAOCULAR LENS CATEGORY 3 (REDUCED SPHERICAL ABERRATION)	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
Q3025	06:HCPCS	INJECTION, INTERFERON BETA-1A, 11 MCG FOR INTRAMUSCULAR USE	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
Q4006	06:HCPCS	CAST SUPPLIES, LONG ARM CAST, ADULT (11 YEARS +), FIBERGLASS	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Q4010	06:HCPCS	CAST SUPPLIES, SHORT ARM CAST, ADULT (11 YEARS +), FIBERGLASS	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Q4014	06:HCPCS	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), ADULT (11 YEARS +), FIBERGLASS	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Q4017	06:HCPCS	CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), PLASTER	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Q4018	06:HCPCS	CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Q4021	06:HCPCS	CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +), PLASTER	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Q4022	06:HCPCS	CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Q4030	06:HCPCS	CAST SUPPLIES, LONG LEG CAST, ADULT (11 YEARS +), FIBERGLASS	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Q4037	06:HCPCS	CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +), PLASTER	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Q4038	06:HCPCS	CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +), FIBERGLASS	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS

NATIONAL CODES: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

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Q4042	06:HCPCS	CAST SUPPLIES, LONG LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Q4046	06:HCPCS	CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Q4049	06:HCPCS	FINGER SPLINT, STATIC	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Q4051	06:HCPCS	SPLINT SUPPLIES, MISCELLANEOUS (INCLUDES THERMOPLASTICS, STRAPPING, FASTENERS, PADDING AND OTHER SUPPLIES)	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Q4101	06:HCPCS	CENTIMETER	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Q9957	06:HCPCS	INJECTION, PERFLUTREN LIPID MICROSPHERES, PER ML	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Q9963	06:HCPCS	HIGH OSMOLAR CONTRAST MATERIAL, 350-399 MG/ML IODINE CONCENTRATION, PER ML	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Q9965	06:HCPCS	LOW OSMOLAR CONTRAST MATERIAL, 100-199 MG/ML IODINE CONCENTRATION, PER ML	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Q9966	06:HCPCS	LOW OSMOLAR CONTRAST MATERIAL, 200-299 MG/ML IODINE CONCENTRATION, PER ML	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
Q9967	06:HCPCS	LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CONCENTRATION, PER ML	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
R0070	06:HCPCS	RADIOLOGY	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
R0075	06:HCPCS	RADIOLOGY	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
S0516	06:HCPCS	SAFETY EYEGLASS FRAMES	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
S0580	06:HCPCS	POLYCARBONATE LENS (LIST THIS CODE IN ADDITION TO THE BASIC CODE FOR THE LENS)	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
S0581	06:HCPCS	NONSTANDARD LENS (LIST THIS CODE IN ADDITION TO THE BASIC CODE FOR THE LENS)	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
S0590	06:HCPCS	INTEGRAL LENS SERVICE, MISCELLANEOUS SERVICES REPORTED SEPARATELY	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
S3600	06:HCPCS	STAT CHARGES	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
S4991	06:HCPCS	NICOTINE PATCHES, NON-LEGEND	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
S4993	06:HCPCS	CONTRACEPTIVE PILLS FOR BIRTH CONTROL	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
S4995	06:HCPCS	SMOKING CESSATION GUM	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
S8431	06:HCPCS	COMPRESSION BANDAGE, ROLL	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
S9430	06:HCPCS	SERVICES	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
S9453	06:HCPCS	SMOKING CESSATION CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	-	-	-	-	13.01 PARTICIPANT TRAINING	13 PARTICIPANT TRAINING
H0041	06:HCPCS	FOSTER CARE, CHILD, NON-THERAPEUTIC, PER DIEM	-	-	-	-	02.03.3 IN-HOME ROUND-THE-CLOCK SERVICES, OTHER	02 ROUND-THE-CLOCK SERVICES
S8940	06:HCPCS	EQUESTRIAN/HIPPOTHERAPY, PER SESSION	-	-	-	-	11.13 OTHER THERAPIES	11 OTHER HEALTH AND THERAPEUTIC SERVICES

STEP 6

The National Code Groups crosswalk then maps groups of national codes. For example, all HCPCS codes D0000 to D9999 are mapped to “dental services.” We created groups of codes (instead of listing individual codes) in order to make the crosswalk easier to read.

NATIONAL CODE GROUPS: MAX HOME AND COMMUNITY BASED SERVICES (HCBS) TAXONOMY CROSSWALK, 2010

PROCEDURE CODE	PROCEDURE CODING SYSTEM	DESCRIPTION	PROCEDURE CODE MODIFIER	MSIS TYPE OF SERVICE	MAX TYPE OF SERVICE	MAX PLACE OF SERVICE	HCBS TAXONOMY SERVICE	HCBS TAXONOMY CATEGORY
A0080-A0140	06:HCPCS	TRANSPORTATION	-	-	-	-	15.01 NON-MEDICAL TRANSPORTATION	15 NON-MEDICAL TRANSPORTATION
D0000-D9999	06:HCPCS	DENTAL PROCEDURES	-	-	-	-	11.07 DENTAL SERVICES	11 OTHER HEALTH AND THERAPEUTIC SERVICES
E0100-E0159	06:HCPCS	CANE, CRUTCHES, WALKERS, ATTACHMENTS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0001-K0195	06:HCPCS	WHEELCHAIRS AND ACCESSORIES	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
V5030-V5298	06:HCPCS	HEARING AID	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
K0813-K0899	06:HCPCS	POWER WHEELCHAIR	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
B4100-B5200	06:HCPCS	FORMULAE, NUTRITIONAL SOLUTIONS AND SUPPLIES	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
J0120-J9999	06:HCPCS	DRUGS	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
S0012-S0196	06:HCPCS	DRUGS	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
96401-96549	01:CPT	INJECTION AND IV DRUGS	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
L0100-L4999	06:HCPCS	ORTHOTICS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
L5000-L9900	06:HCPCS	PROSTHETICS	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
V2020-V2799	06:HCPCS	VISION ITEM	-	-	-	-	14.03.1 EQUIPMENT AND TECHNOLOGY	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
E0160-E8002	06:HCPCS	DME	-	-	-	-	14.03.9 EQUIPMENT, TECHNOLOGY, AND SUPPLIES, UNSPECIFIED	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
A8000-A8004	06:HCPCS	HELMETS	-	-	-	-	14.03.9 EQUIPMENT, TECHNOLOGY, AND SUPPLIES, UNSPECIFIED	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
C1300-C9899	06:HCPCS	-	-	-	-	-	14.03.9 EQUIPMENT, TECHNOLOGY, AND SUPPLIES, UNSPECIFIED	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
A4000-A7527	06:HCPCS	MEDICAL AND SURGICAL SUPPLIES	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
A9155-A9999	06:HCPCS	MEDICAL AND SURGICAL SUPPLIES	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
B4034-B4088	06:HCPCS	SUPPLIES	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
T4521-T5001	06:HCPCS	INCONTINENCE SUPPLIES	-	-	-	-	14.03.2 SUPPLIES	14 EQUIPMENT, TECHNOLOGY, AND MODIFICATIONS
80047-89398	01:CPT	PATHOLOGY AND LAB	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
00100-01999	01:CPT	ANESTHESIA	-	-	-	-	11.06 PRESCRIPTION DRUGS	11 OTHER HEALTH AND THERAPEUTIC SERVICES
10021-64999	01:CPT	SURGERY	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
70010-79999	01:CPT	RADIOLOGY	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
80047-89398	01:CPT	PATHOLOGY AND LAB	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
91000-91299	01:CPT	GASTROENTEROLOGY PROCEDURES	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
93000-95199	01:CPT	MEDICAL PROCEDURE	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES
95803-96004	01:CPT	MEDICAL PROCEDURE	-	-	-	-	11.99.9 OTHER HEALTH AND THERAPEUTIC SERVICES UNSPECIFIED	11 OTHER HEALTH AND THERAPEUTIC SERVICES

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