



## Department of Health

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Executive Deputy Commissioner

December 7, 2017

Subject: Revision to Universal Billing Codes  
for Home Care and Adult Day Health Care  
Services

Dear Providers and Plans:

This is to advise providers and plans of the revision of billing codes as set forth in the original release date of January 3, 2017 by the Department of Health. As you know, the New York State Public Health Law has been amended to require universal standards for coding of payment for home and community based long term care services claims. Specifically, it requires these codes to be based on universal billing codes approved by the Health Department and be consistent with any codes developed as part of the uniform assessment system for long term care established by the Department. Any claims under contracts or agreements between any long term care providers and managed long term care plans or managed care plans are required to be processed using the universal standards for coding of payments. In addition, the Public Health Law has been amended to require **electronic payments** of claims under contracts or agreements between any long term care providers and managed long term care plans or managed care plans. These payments are required to be paid via electronic funds transfer.

Attached are a final set of universal codes for Long Term Care Services with respective modifiers (Attachment A) and Adult Day Health Care with respective modifiers (Attachment B).

The Department is requiring the implementation of billing codes by **April 1, 2018**.

If there are questions regarding the implementation deadline of these billing codes, please notify the Department immediately by email to [nfrates@health.ny.gov](mailto:nfrates@health.ny.gov) with the subject heading: Home Care Billing Codes.

Sincerely,

Ann Foster  
Deputy Director  
Division of Finance and Rate Setting  
Office of Health Insurance Programs

## Attachment A

| HOME CARE BILLING CODES AND MODIFIERS                     |                     |                |   |          |
|---|---------------------|----------------|---|----------|
| Service Type  | Unit of Measurement | Procedure Code | Procedure Code Description  | Modifier |
| <b>Personal Care Aide Level I (Homemaker/Housekeeper)</b> |                     |                |   |          |
| PCS Level I - 15 Minutes                                  | Per 15 minutes      | S5130          | Homemaker service, NOS; per 15 minutes  | U1       |
| PCS Level I Two Client                                    | Per 15 minutes      | S5130          | Homemaker service, NOS; per 15 minutes  | U2       |
| PCS Level I Multiple Client                               | Per 15 minutes      | S5130          | Homemaker service, NOS; per 15 minutes  | U3       |
| PCS Level I Weekend/Holiday                               | Per 15 minutes      | S5130          | Homemaker service, NOS; per 15 minutes  | TV       |
| <b>Personal Care Aide Level II</b>                        |                     |                |   |          |
| PCS Level II Basic - 15 Minutes                           | Per 15 minutes      | T1019          | Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant) | U1       |
| PCS Level II Basic Two Client                             | Per 15 minutes      | T1019          | Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant) | U2       |
| PCS Level II Multiple Client                              | Per 15 minutes      | T1019          | Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant) | U3       |
| PCS Level II Weekend/Holiday                              | Per 15 minutes      | T1019          | Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant) | TV       |
| PCS Level II Hard to Serve                                | Per 15 minutes      | T1019          | Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant) | U4       |
| PCS Level II Two Client Hard to Serve                     | Per 15 minutes      | T1019          | Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant) | U5       |
| PCS Level II Live in                                      | Per diem (13 hours) | T1020 *        | 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 (code may not be used to identify services provided by home health aide or certified nurse assistant)       | NONE     |
| PCS Level II Live in Two Client                           | Per diem (13 hours) | T1020 *        | 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 (code may not be used to identify services provided by home health aide or certified nurse assistant)       | U2       |
| PCS Level II Live in Weekend/Holiday                      | Per diem (13 hours) | T1020 *        | 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 (code may not be used to identify services provided by home health aide or certified nurse assistant)       | TV       |

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| Service Type                                  | Unit of Measurement | Procedure Code | Procedure Code Description  | Modifier |
| PCS Level II Live in Two Client Hard to Serve | Per diem (13 hours) | T1020 *        | 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 (code may not be used to identify services provided by home health aide or certified nurse assistant) | U5       |

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| Service Type  | Unit of Measurement | Procedure Code | Procedure Code Description  | Modifier |
| <b>Consumer Directed Personal Assistant</b>   |                     |                |   |          |
| CDPA Basic - 15 Minutes   | Per 15 minutes      | T1019          | Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant) | U6       |
| CDPA Enhanced   | Per 15 minutes      | T1019          | Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant) | U8       |
| CDPA Two Consumer   | Per 15 minutes      | T1019          | Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant) | U7       |
| CDPA Two Consumer Enhanced  | Per 15 minutes      | T1019          | Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant) | U9       |
| CDPA Live in  | Per diem (13 hours) | T1020 *        | 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 (code may not be used to identify services provided by home health aide or certified nurse assistant)       | U6       |
| CDPA Live in Enhanced   | Per diem (13 hours) | T1020 *        | 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 (code may not be used to identify services provided by home health aide or certified nurse assistant)       | U8       |
| CDPA Live in Two Consumer   | Per diem (13 hours) | T1020 *        | 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 (code may not be used to identify services provided by home health aide or certified nurse assistant)       | U7       |
| CDPA Live in Two Consumer Enhanced  | Per diem (13 hours) | T1020 *        | 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 (code may not be used to identify services provided by home health aide or certified nurse assistant)       | U9       |
| *T1020 Per diem rate code may not be used if a personal care aide or personal assistant is not able to meet the sleep requirements required in Fair Labor Standards Act (FLSA). |                     |                |   |          |

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|--|---------------------|----------------|---|----------|
| Service Type   | Unit of Measurement | Procedure Code | Procedure Code Description  | Modifier |
| <b>Home Health Aide</b>                              |                     |                |   |          |
| HHA - 15 minutes                                     | Per 15 minutes      | S5125          | Attendant care services; per 15 minutes   | NONE     |
| HHA  | Per hour            | S9122          | Home health aide or certified nurse assistant, providing care in the home; per hour   | NONE     |
| HHA Two Client                                       | Per 15 minutes      | S5125          | Attendant care services; per 15 minutes   | U2       |
| HHA - Live in  | Per diem (13 hours) | S5126          | Attendant care services; per diem   | NONE     |
| HHA Live in Two Client                               | Per diem (13 hours) | S5126          | Attendant care services; per diem   | U2       |
| Advanced Home Health Aide                            | Per hour            | S9122          | Home health aide or certified nurse assistant, providing care in the home; per hour   | U1       |
| <b>Nursing Services</b>                              |                     |                |   |          |
| Nursing Assessment/Evaluation                        | Per visit           | T1001          | Nursing Assessment/evaluation   | NONE     |
| UAS Assessment                                       | Per visit           | T2024          | T1001-Nursing Assessment/evaluation. T2024-Service Assessment/plan of care development.   | NONE     |
| UAS Reassessment                                     | Per visit           | T2024          | T1001-Nursing Assessment/evaluation. T2024-Service Assessment/plan of care development.   | NONE     |
| Nursing Care in Home (RN)                            | Per diem (13 hours) | T1030          | Nursing care, in the home, by registered nurse, per diem  | NONE     |
| RN   | Per hour            | S9123          | Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)   | NONE     |
| RN - 15 minutes                                      | Per 15 minutes      | T1002          | RN services, up to 15 minutes   | NONE     |
| Nursing Care in Home (LPN)                           | Per diem (13 hours) | T1031          | Nursing care, in the home, by licensed practical nurse, per diem  | NONE     |
| LPN  | Per hour            | S9124          | Nursing Care, in the home; by licensed practical nurse, per hour  | NONE     |
| LPN - 15 minutes                                     | Per 15 minutes      | T1003          | LPN/LVN services, up to 15 minutes  | NONE     |
| <b>Home Health Care Services</b>                     |                     |                |   |          |
| Occupational Therapy                                 | Per visit           | S9129          | Occupational therapy, in the home, per diem   | NONE     |
| Physical Therapy                                     | Per visit           | S9131          | Physical therapy, in the home, per diem   | NONE     |
| Speech Therapy                                       | Per visit           | S9128          | Speech therapy, in the home, per diem   | NONE     |
| Respiratory Therapy                                  | Per 15 minutes      | G0237          | Therapeutic procedures to increase strength or endurance of respiratory muscles, one-on-one, face-to-face, per 15 minutes (includes monitoring)       | NONE     |
| Respiratory Therapy                                  | Per 15 minutes      | G0238          | Therapeutic procedures to improve respiratory function, other than described by G0237, one-on-one, face-to-face, per 15 minutes (includes monitoring) | NONE     |
| Nutritional Counseling                               | Per visit           | S9470          | Nutritional counseling, dietician visit   | NONE     |
| Medical Social Services                              | Per visit           | S9127          | Social work visit, in the home, per diem  | NONE     |
| Sign Language/Oral interpreter                       | Per 15 minutes      | T1013          | Sign language or oral interpretive services, per 15 minutes   | NONE     |
| Social and Environmental Supports -Home Modification | Per service         | S5165          | Home modifications; per service   | NONE     |
| Social and Environmental Supports -Assessment        | Per service         | T1028          | Assessment of home, physical and family environment, to determine suitability to meet patients medical needs  | NONE     |

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|---------------------------------------|---------------------|----------------|---|----------|
| Service Type                          | Unit of Measurement | Procedure Code | Procedure Code Description  | Modifier |
| <b>Telehealth</b>                     |                     |                |   |          |
| Installation                          | Per service         | S9110          | Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support; per month | NONE     |
| Monitoring                            | Monthly             | S9110          | Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support; per month | U1       |
| <b>Medication Dispensers</b>          |                     |                |   |          |
| Installation                          | One Time            | T1505          | Electronic medication compliance management device, includes all components and accessories, not otherwise classified   | NONE     |
| Monitoring                            | Monthly             | S5185          | Medication reminder service, nonface-to-face; per month   | NONE     |

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**Note:** For modifiers that state "as defined by each state", please refer to the column labeled NYS Definition. Each program utilizes modifiers for their specific program. Modifiers may be utilized more than once and are unique based on individual program

| <b>Modifier Descriptions</b>                              |  |  |   |
|---|--|--|---|
| <b>Personal Care Aide Level I (Homemaker/Housekeeper)</b> |  |  |   |
| <b>Modifier</b>   | <b>Modifier Description</b>                        | <b>NYS Definition</b>  | <b>Notes</b>  |
| U1  | Medicaid level of care 1, as defined by each state | This rate code modifier will be used for the provision of personal care Level I for basic services.  |   |
| U2  | Medicaid level of care 2, as defined by each state | This rate code modifier will be used for the provision of personal care Level I services to one of two clients in the same household where both clients are receiving personal care services from the same aide.                                   |   |
| U3  | Medicaid level of care 3, as defined by each state | This rate code modifier will be used for the provision of personal care Level I services for each personal care recipient who resides with other personal care recipients in a designated geographic area, such as in the same apartment building. |   |
| TV  | Special payment rate, holidays/weekends            |  | This rate code modifier will be used for the provision of personal care Level I services on weekends (defined as between Saturday 8 a.m. to Monday 8 a.m.) and designated holidays. |

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| Modifier Descriptions       |  |   |   |
|-----------------------------|--|---|---|
| Personal Care Aide Level II |  |   |   |
| Modifier                    | Modifier Description                               | NYS Definition  | Notes   |
| U1                          | Medicaid level of care 1, as defined by each state | This rate code modifier will be used for the provision of personal care Level II for basic services.  |   |
| U2                          | Medicaid level of care 2, as defined by each state | This rate code modifier will be used for the provision of personal care Level II services to one of two clients in the same household where both clients are receiving personal care services from the same aide.   |   |
| U3                          | Medicaid level of care 3, as defined by each state | This rate code modifier will be used for the provision of personal care Level II services for each personal care recipient who resides with other personal care recipients in a designated geographic area, such as in the same apartment building.   |   |
| U4                          | Medicaid level of care 4, as defined by each state | This rate code modifier will be used for the provision of personal care Level II services for clients who have exceptional needs and/or are in exceptional circumstances, such as the following situations: (1) a client is left alone in the community in a life-threatening situation, and services must be provided within four hours; (2) a client has severe mental or physical diagnosis or has several documented social and/or behavioral problems which make him or her extremely difficult to serve; or (3) a client resides in a problematic environment which may include housing or geography or be influenced by the behavior or problems of family members residing with the client.   |   |
| U5                          | Medicaid level of care 5, as defined by each state | This rate code modifier will be used for the provision of personal care Level II care services to one of two clients in the same household where both clients are receiving personal care services from the same aide and where at least one of the clients has exceptional needs and/or is in exceptional circumstances, such as the following situations: (1) a client is left alone in the community in a life-threatening situation, and services must be provided within four hours; (2) a client has severe mental or physical diagnosis or has several documented social and/or behavioral problems which make him or her extremely difficult to serve; or (3) a client resides in a problematic environment which may include housing or geography or be influenced by the behavior or problems of family members residing with the client. |   |
| TV                          | Special payment rate, holidays/weekends            |   | This rate code modifier will be used for the provision of personal care Level I or Level II services on weekends (defined as between Saturday 8 a.m. to Monday 8 a.m.) and designated holidays. |



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| <b>Modifier Descriptions</b>                |  |   |              |
|---|--|---|--------------|
| <b>Consumer Directed Personal Assistant</b> |  |   |              |
| <b>Modifier</b>                             | <b>Modifier Description</b>                        | <b>NYS Definition</b>   | <b>Notes</b> |
| U6  | Medicaid level of care 6, as defined by each state | This rate code modifier will be used for the provision of consumer directed personal assistance services for basic services.  |              |
| U7  | Medicaid level of care 7, as defined by each state | This rate code modifier will be used for the provision of consumer directed personal assistance services to one of two consumers in the same household where both consumers are receiving personal assistance services from the same personal assistant.  |              |
| U8  | Medicaid level of care 8, as defined by each state | This rate code modifier will be used for the provision of consumer directed personal care services for consumers who have exceptional needs and/or are in exceptional circumstances, such as the following situations: (1) a consumer has a documented inability to hire or retain sufficient staff, where the consumer can document that attempts have been made and that the wage rate is directly responsible for the inability to hire or retain staff and provided further that the consumer is at a nursing home level of care and therefore the lack of sufficient staff will result in institutionalization; (2) a consumer has severe mental and/or physical diagnosis or has several documented social and/or behavioral problems which make him or her extremely difficult to serve; or (3) a consumer resides in a problematic environment which may include housing or geography, or be influenced by the behavior or problems of family members residing with the consumer. |              |

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| Modifier Descriptions |  |   |
|-----------------------|--|---|
| U9                    | Medicaid level of care 9, as defined by each state | <p>This rate code modifier will be used for the provision of consumer directed personal assistance services to one of two consumers in the same household where both consumers are receiving personal assistance services from the same personal assistant and where at least one of the consumers has exceptional needs and/or is in exceptional circumstances, such as the following situations: (1) a consumer has a documented inability to hire or retain sufficient staff, where the consumer can document that attempts have been made and that the wage rate is directly responsible for the inability to hire or retain staff and provided further that the consumer is at a nursing home level of care and therefore the lack of sufficient staff will result in institutionalization; (2) a consumer has severe mental and/or physical diagnosis or has several documented social and/or behavioral problems which make him or her extremely difficult to serve; or (3) a consumer resides in a problematic environment which may include housing or geography, or be influenced by the behavior or problems of family members residing with the consumer.</p> |

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| <b>Modifier Descriptions</b> |  |  |              |
|------------------------------|--|--|--------------|
| <b>Telehealth</b>            |  |  |              |
| <b>Modifier</b>              | <b>Modifier Description</b>                        | <b>NYS Definition</b>  | <b>Notes</b> |
| U1                           | Medicaid level of care 1, as defined by each state | This rate code modifier would be used for the monthly fee of telemonitoring of patient.  |              |
| <b>Home Health Aide</b>      |  |  |              |
| <b>Modifier</b>              | <b>Modifier Description</b>                        | <b>NYS Definition</b>  | <b>Notes</b> |
| U1                           | Medicaid level of care 1, as defined by each state | This rate code modifier would be used for the provision of Advanced Home Health Aide services on an hourly basis.  |              |
| U2                           | Medicaid level of care 2, as defined by each state | This rate code modifier will be used for the provision of personal care Level I or Level II services to one of two clients in the same household where both clients are receiving personal care services from the same aide. |              |

## Attachment B

| <b>ADULT DAY HEALTH CARE BILLING CODES AND MODIFIERS</b> |                            |                       |                                    |                 |
|--|----------------------------|-----------------------|------------------------------------|-----------------|
| <b>Service Type</b>                                      | <b>Unit of Measurement</b> | <b>Procedure Code</b> | <b>Procedure Code Description</b>  | <b>Modifier</b> |
| Adult Day Health Care - Basic Level                      | Per Diem                   | S5102                 | Day care services, adult; per diem | U1              |
| Adult Day Health Care - Standard Level                   | Per Diem                   | S5102                 | Day care services, adult; per diem | U2              |
| Adult Day Health Care - Intensive Level                  | Per Diem                   | S5102                 | Day care services, adult; per diem | U3              |

## Attachment B

| <b>Modifier Descriptions</b>         |   |   |
|--------------------------------------|---|---|
| <b>ADULT DAY HEALTH CARE PROGRAM</b> |   |   |
| <b>Modifiers</b>                     | <b>Modifier Description</b>                               | <b>NYS Definition</b>   |
| <b>U1</b>                            | <b>Medicaid level of care 1, as defined by each state</b> | Services will include, personal care, supervision and monitoring, socialization, meals, therapeutic recreation activities.  |
| <b>U2</b>                            | <b>Medicaid level of care 2, as defined by each state</b> | All services in basic level and all ADHC core services listed under 425.5.  |
| <b>U3</b>                            | <b>Medicaid level of care 3, as defined by each state</b> | All in basic and standard levels. Intensive skilled nursing, including, but not limited to: tube feeds, wound care, hooyer, marisa or sara lifts, TB screening and on going follow up, palliative care. |