CONVERSION OF LOCAL CODES

| Local Code | Local Code Description | Replacement Code/Modifier(s) | Replacement Code Description | Effective Date |
|---|---|---|---|---|
| Y0010 | PHYSICAL THERAPY, INTAKE AND EVALUATION | Q0086 | PHYSICAL THERAPY EVALUATION/TREATMENT, PER VISIT | 10/1/2003 |
| Y0011 | P.T. PROCEDURE/MODALITIES (HEAT, COLD, WATER, ETC) COMB | Q0086 | PHYSICAL THERAPY EVALUATION/TREATMENT, PER VISIT | 10/1/2003 |
| Y0012 | P.T. UNLISTED/UNUSUAL PROCEDURE, NEEDS PA | None | None | 7/1/2003 |
| Y0013 | PHYSICAL THERAPY MAINTENANCE, CHEC ONLY, ONCE A MONTH | None | None | 10/1/2003 |
| Y0015 | WAIVER CASE MANAGEMENT; TECH DEP; PER 15 MINUTES | None | None | 12/22/2000 |
| Y0017 | COMMUNITY-BASED RESPITE FOR TECH DEP; RN PER HOUR | T1005 U7 | RESPITE CARE SERVICES, UP TO 15 MINUTES | 10/1/2003 |
| Y0018 | COMMUNITY-BASED RESPITE FOR TECH DEP;LPN PER HOUR | T1005 TE U7 | RESPITE CARE SERVICES, UP TO 15 MINUTES | 10/1/2003 |
| Y0019 | COMMUNITY-BASED RESPITE FOR TECH DEP;HH AIDE 1 HR | T1005 52 U7 | RESPITE CARE SERVICES, UP TO 15 MINUTES | 10/1/2003 |
| Y0020 | NF-BASED RESPITE CARE FOR TECH DEP; PER DAY (VENT) | None | None | 3/28/2001 |
| Y0021 | NF-BASED RESPITE CARE FOR TECH DEP/DAY (TRACH) | None | None | 3/28/2001 |
| Y0022 | NF-BASED RESPITE CARE FOR TECH DEP/DAY (OTHER) | None | None | 3/28/2001 |
| Y0023 | IN-HOME RESPIRATORY CARE FOR TECH DEP;1 VISIT/DAY | G0238 U7 | THERAPEUTIC PROCEDURES TO IMPROVE RESPIRATORY FUNCTION, ….. PER 15 MINUTES (INCLUDES MONITORING) | 10/1/2003 |
| Y0024 | IN-HOME RESPIRATORY CARE FOR TECH DEP;2 VISIT/DAY | G0238 U7 | THERAPEUTIC PROCEDURES TO IMPROVE RESPIRATORY FUNCTION, ….. PER 15 MINUTES (INCLUDES MONITORING) | 10/1/2003 |
| Y0025 | NUTRITN EVAL,TECH DEP;PER SESSN,PER TEAM MEMBER, OP | G0270 U7 | MEDICAL NUTRITION THERAPY; REASSESSMENT AND SUBSEQUENT INTERVENTION(S).....INDIVIDUAL, FACE TO FACE WITH THE PATIENT, EACH 15 MINUTES. | 10/1/2003 |
| Y0026 | IN-HOME NUTRITIONAL TRTMT;DIETICIAN PER VISIT | G0270 U7 | MEDICAL NUTRITION THERAPY; REASSESSMENT AND SUBSEQUENT INTERVENTION(S).....INDIVIDUAL, FACE TO FACE WITH THE PATIENT, EACH 15 MINUTES. | 10/1/2003 |
| Y0027 | IN-HOME NUTRITIONAL TRTMT; OCCUP THER PER VISIT | G0270 U7 | MEDICAL NUTRITION THERAPY; REASSESSMENT AND SUBSEQUENT INTERVENTION(S).....INDIVIDUAL, FACE TO FACE WITH THE PATIENT, EACH 15 MINUTES. | 10/1/2003 |
| Y0028 | IN-HOME NUTRITIONAL TRTMT; PHYS THER PER VISIT | G0270 U7 | MEDICAL NUTRITION THERAPY; REASSESSMENT AND SUBSEQUENT INTERVENTION(S).....INDIVIDUAL, FACE TO FACE WITH THE PATIENT, EACH 15 MINUTES. | 10/1/2003 |
| Y0029 | IN-HOME NUTRITIONAL TRTMT; SPEECH PATH PER VISIT | G0270 U7 | MEDICAL NUTRITION THERAPY; REASSESSMENT AND SUBSEQUENT INTERVENTION(S).....INDIVIDUAL, FACE TO FACE WITH THE PATIENT, EACH 15 MINUTES. | 10/1/2003 |
| Y0030 | PORTABLE OXYGEN FOR NON-MEDICAL ACTIVITIES/REFILL | None | None | 10/1/2003 |
| Y0031 | IN-HOME FAMILY COUNSEL;HCBS PER SESSION (TO 90 MIN) | T1027 U7 | FAMILY TRAINING AND COUNSELING FOR CHILD DEVELOPMENT, PER 15 MINUTES | 10/1/2003 |
| Y0032 | HCBW/TECH DEP STERILE WATER FOR INHALATION ONLY | A4319 U7 | STERILE WATER IRRIGATION SOLUTION, 1000 ML | 10/1/2003 |
| Y0099 | RURAL HEALTH ENCOUNTER/CONTRACTED FLAT RATE | T1015 | CLINIC VISIT/ENCOUNTER, ALL-INCLUSIVE | 4/1/2002 |
| Y0100 | HOME HLTH INITIAL VISIT TO EST CARE PLAN | T1001 | NURSING ASSESSMENT / EVALUATION | 10/1/2003 |
| Y0101 | HOME HEALTH GENERAL NURSING CARE VISIT | G0154 | SERVICES OF SKILLED NURSE IN HOME HEALTH SETTING, EACH 15 MINUTES | 10/1/2003 |
| Y0102 | LPN MAINTENANCE CARE 0 - 30 MINUTES | T1003 | LPN/LVN SERVICES, UP TO 15 MINUTES | 10/1/2003 |
| Y0103 | LPN MAINTENANCE CARE 31 - 60 MINUTES | T1031 | NURSING CARE, IN THE HOME, BY LICENSED PRACTICAL NURSE, PER DIEM | 10/1/2003 |
| Y0104 | LPN MAINTENANCE CARE 61 - 90 MINUTES | T1031 | NURSING CARE, IN THE HOME, BY LICENSED PRACTICAL NURSE, PER DIEM | 10/1/2003 |
| Y0105 | LPN MAINTENANCE CARE 91 - 120 MINUTES | S9124 | NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER HOUR | 10/1/2003 |
| Y0106 | RN MAINTENANCE CARE 91 - 120 MINUTES | T1001 | NURSING ASSESSMENT / EVALUATION | 10/1/2003 |
| Y0107 | MONTH LONG TERM CARE,HH PT.,INCL NURSES, LPN,AIDES | T1022 | CONTRACTED HOME HEALTH AGENCY SERVICES, ALL SERVICES PROVIDED UNDER CONTRACT, PER DAY | 10/1/2003 |
| Y0108 | LONG TERM CARE PT./HOME HEALTH/DAILY RATE INCLUSIVE | T1022 | CONTRACTED HOME HEALTH AGENCY SERVICES, ALL SERVICES PROVIDED UNDER CONTRACT, PER DAY | 10/1/2003 |
| Y0111 | HOME HEALTH AIDE VISIT | T1020 | PERSONAL CARE SERVICES, PER DIEM, ….. | 10/1/2003 |
| Y0112 | AIDE MAINTENANCE CARE 0 - 30 MINUTES | T1021 | HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT, PER VISIT | 10/1/2003 |
| Y0113 | AIDE MAINTENANCE CARE 31 - 60 MINUTES | T1021 | HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT, PER VISIT | 10/1/2003 |
| Y0114 | AIDE MAINTENANCE CARE 61 - 90 MINUTES | T1021 | HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT, PER VISIT | 10/1/2003 |
| Y0115 | AIDE MAINTENANCE CARE 91 - 120 MINUTES | S9122 | HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT, PROVIDING CARE IN THE HOME; PER HOUR | 10/1/2003 |
| Y0117 | SKILLED NURSING SERVICE RN PRN VISIT | S9123 | NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR….. | 10/1/2003 |
| Y0131 | HOME HEALTH PHYSICAL THERAPY CONSULTATION | S9131 | PHYSICAL THERAPY; IN THE HOME, PER DIEM | 10/1/2003 |
| Y0141 | HOME HEALTH PHYSICAL THERAPY DIRECT CAR | S9131 | PHYSICAL THERAPY; IN THE HOME, PER DIEM | 10/1/2003 |
| Y0151 | HOME HEALTH MEDICAL SUPPLIES | T1999 | MISCELLANEOUS THERAPEUTIC ITEMS AND SUPPLIES, RETAIL PURCHASES, NOT OTHERWISE CLASSIFIED; IDENTIFY PRODUCT IN "REMARKS" | 10/1/2003 |
| Y0161 | HOME HEALTH SPEECH EVALUATION | S9128 | SPEECH THERAPY, IN THE HOME, PER DIEM | 10/1/2003 |
| Y0171 | HOME HEALTH SPEECH THERAPY | S9128 | SPEECH THERAPY, IN THE HOME, PER DIEM | 10/1/2003 |
| Y0260 | REPAIR FRAME | V2799 | VISION SERVICE, MISCELLANEOUS | 7/1/2003 |
| Y0269 | CONTACT LENS,HARD,UNILAT.REPLACEMENT | None | None | 7/1/2003 |
| Y0271 | CONTACT LENS, RIGID OXYGEN POROUS | V2510 | CONTACT LENS, GAS PERMEABLE, SPHERICAL, PER LENS | 7/1/2003 |
| Y0272 | CONTACT LENS,RIGID OXYGEN POROUS, UNILATERAL REPLACEMENT | None | None | 7/1/2003 |

CONVERSION OF LOCAL CODES

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| Y0300 | HEAVY PADS,DRESSING UP TO 8"X10", TENDERSORB,ABDOM | None | None | 4/1/2003 |
| Y0310 | INCONTINENCY CLAMP MALE ONLY | None | None | 4/1/2003 |
| Y0324 | ADHESIVE GASKETS & SUPPORTS EACH | None | None | 7/1/2003 |
| Y0350 | TED FOR KNEE EA.;LT. SURGICAL WEIGHT STOCKING | None | None | 7/1/2003 |
| Y0354 | ARM BRACE,MOLDED OVER PLASTIC | None | None | 7/1/2003 |
| Y0361 | HEARING AID REPAIRS | V5014 | REPAIR/MODIFICATION OF A HEARING AID | 10/17/2003 |
| Y0363 | EYE,ARTIFICIAL,REBUILDING | V2624 | POLISHING/RESURFACING OF OCULAR PROSTHESIS | 4/1/2003 |
| Y0366 | REPAIR PARTS, HEARING AID | V5014 | REPAIR/MODIFICATION OF A HEARING AID | 7/1/2003 |
| Y0369 | REPAIR BY MANUFACTURER OF HEARING AID | V5014 | REPAIR/MODIFICATION OF A HEARING AID | 7/1/2003 |
| Y0370 | EVALUATION & SERVICE CHARGE FOR HEARING AID | V5014 | REPAIR/MODIFICATION OF A HEARING AID | 7/1/2003 |
| Y0372 | HEARING AID REPAIR UNDER 15.00 | V5014 | REPAIR/MODIFICATION OF A HEARING AID | 7/1/2003 |
| Y0376 | MOLDED LEATHER CALF CORSET | None | None | 7/1/2003 |
| Y0377 | SHOE-TO BE ATTACHED TO BRACE OR ORTHOSIS,PER SHOE | L3224, L3225 | ORTHOPEDIC FOOTWEAR | 7/1/2003 |
| Y0381 | HEARING AID BATTERIES, EACH | V5266 | BATTERY FOR USE IN HEARING DEVICE | 7/1/2002 |
| Y0384 | DISPOSABLE GLOVES,PER BOX | A4930 | GLOVES, STERILE, PER PAIR | 4/1/2002 |
| Y0387 | SANI-PANTS,PER PAIR | A4536 | PROTECTIVE UNDERWEAR, WASHABLE, ANY SIZE, EACH | 4/1/2003 |
| Y0389 | SYRINGE,NON DISPOSABLE,CATHETER TOP,EACH | None | None | 7/1/2003 |
| Y0396 | DOUBLE ADJUST ANKLE-SHORT/LONG LEG BRACE, EACH | None | None | 7/1/2003 |
| Y0402 | HEMOPHILIA CASE MANAGER NURSE SERVICE/ONCE MONTHLY | T1016 | CASE MANAGEMENT, EACH 15 MINUTES | 10/1/2003 |
| Y0403 | HEMOPHILIA CASE MNGR ADMINISTRATIVE/ONCE MONTHLY | T1016 | CASE MANAGEMENT, EACH 15 MINUTES | 10/1/2003 |
| Y0404 | HEMOPHILIA CASE MANAGER EXTRA MONTHLY VISIT | T1016 | CASE MANAGEMENT, EACH 15 MINUTES | 10/1/2003 |
| Y0406 | OSTOMY BAG, EXTENDED WEAR | K0591 | OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH | 4/1/2003 |
| Y0407 | OSTOMY BAG REUSABLE/CONVATEC/INCLUDES ALL SUPPLIES | K0591 | OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH | 4/1/2003 |
| Y0422 | PERIPHERAL/MIDLINE IV CATHETER/SHORT | S5520 | HOME INFUSION THERAPY, ALL SUPPLIES (INCLUDING CATHETER) NECESSARY FOR A PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC) LINE INSERTION | 7/1/2003 |
| Y0423 | MIDLINE IV CATHETER, SOFT; INCL INSERTION | S5521 | HOME INFUSION THERAPY, ALL SUPPLIES (INCLUDING CATHETER) NECESSARY FOR A MIDLINE CATHETER INSERTION | 7/1/2001 |
| Y0424 | CENTRAL LINE IV CATHETER, INCL INSERTION | S5521 | HOME INFUSION THERAPY, ALL SUPPLIES (INCLUDING CATHETER) NECESSARY FOR A MIDLINE CATHETER INSERTION | 7/1/2003 |
| Y0425 | IV TUBING, EXTENSION SET FOR PERIPHERAL OR MIDLINE IV CATHETER | S1015 | IV TUBING EXTENSION SET | 7/1/2003 |
| Y0426 | CENTRAL LINE IV EXTENSION SET, 2 PARTS;INCLUDING NEEDLE AND LOCKING DEVICE (CLAMP) | S1015 | IV TUBING EXTENSION SET | 7/1/2003 |
| Y0427 | BIO-OCCLUSAL DRESSING, SINGLE | None | None | 7/1/2003 |
| Y0428 | IV FLOW CONTROL DEVICE | None | None | 7/1/2003 |
| Y0429 LR | IV INFUSION PUMP, PANCREATIC, CONTROLLED DOSE, BY DAY | E0791 RR | PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL | 7/1/2003 |
| Y0430 | IV SUPPLY/ADMINISTRAT KIT, HOME USE, EACH, INCLUSIVE | A4221 | SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER, PER WEEK (LIST DRUG SEPERATELY) | 7/1/2003 |
| Y0431 | SYRINGE FOR IV FLOW PUMP REPLACEMENT | None | None | 7/1/2003 |
| Y0432 | PRN ADAPTER CAPS FOR PERIPHERAL LINE IV CATHETER | None | None | 7/1/2003 |
| Y0433 | CENTRAL LINE NEEDLE W/LOCKING DEVICE | None | None | 7/1/2003 |
| Y0434 | PRIMARY IV ADMINISTRATION SET I | None | None | 7/1/2003 |
| Y0435 | SECONDARY IV LINE (SET) | None | None | 7/1/2003 |
| Y0436 | CARTRIDGE FOR PANCREATIC PUMP | A4222 | SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUG SEPERATELY) | 7/1/2003 |
| Y0437 | DIAL A FLOW PUMP/ I V TUBING REGULATOR/SUPPLIES | None | None | 7/1/2003 |
| Y0440 | ENT FOOD ADD (THICK/EASY) EACH 8 OZ. UNIT | B4100 | FOOD THICKENER, ADMINISTERED ORALLY, PER OUNCE | 4/1/2003 |
| Y0447 | EARLY INTERVENTION SERVICE, NON-USDB, MONTHLY | T1024 TL | EVALUATION AND TREATMENT BY AN INTEGRATED, SPECIALTY TEAM …..PER ENCOUNTER | 10/1/2003 |
| Y0448 | EARLY INTERVENTION SERVICE, USDB, MONTHLY | T1024 TL | EVALUATION AND TREATMENT BY AN INTEGRATED, SPECIALTY TEAM …..PER ENCOUNTER | 10/1/2003 |
| Y0450 | AEROCHAMBER FOR AEROSOL INHALANT/CHILDREN | A4627 | SPACER, BAG OR RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE INHALER | 4/1/2003 |
| Y0459 | MEDICATION REMINDER SERVICE MONTHLY, AGING WAIVER | S5185 U3 | MEDICATION REMINDER SERVICE, NON-FACE-TO-FACE; PER MONTH | 10/1/2003 |
| Y0460 | HOME DELIVERED MEALS,PER MEAL,AGING WAIVER PROGRAM | S5170 U3 TN | HOME DELIVERED MEALS, INCLUDING PREPARATION; PER MEAL | 10/1/2003 |
| Y0461 | TRANSPORTATION,AGING WAIVER,ROUND TRIP, NON-MEDICAL | T2003 U3 TN | NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP | 10/1/2003 |
| Y0462 | EMERGENCY RESPONSE AGING WAIVER PROGRAM | S5161 U3 | EMERGENCY RESPONSE SYSTEM; INSTALLATION AND TESTING SERVICE FEE, PER MONTH | 10/1/2003 |
| Y0463 | ADULT DAY CARE AGING WAIVER PROGRAM DAILY RATE | S5102 U3 | DAY CARE SERVICES, ADULT; PER DIEM | 10/1/2003 |
| Y0464 | AW CASE MANAGEMENT URBAN PER 15 MINUTES | T1016 U3 | CASE MANAGEMENT, EACH 15 MINUTES | 10/1/2003 |
| Y0465 | RESPITE CARE AGING WAIVER PROGRAM | S5150 U3 | UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MIN. | 10/1/2003 |
| Y0466 | HOMEMAKER (WAI QWA CWA) AID CATEGORIES-AGING WAIVER | S5130 U3 | HOMEMAKER SERVICE, NOS; PER 15 MIN | 10/1/2003 |
| Y0467 | SUPPORTIVE MAINTENANCE AGING WAIVER PROGRAM | T1021 U3 TN | HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT, PER VISIT | 10/1/2003 |

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| Y0468 | TRANSPORTATION,ONE WAY TRIP,AGING WAIVER, NON-MEDICAL | T2003 U3 | NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP | 10/1/2003 |
| Y0469 | EMERGENCY RESPONSE INSTALLAT/AGING WAIVER/ ONE TIME | S5160 U3 | EMERGENCY RESPONSE SYSTEM; INSTALLATION AND TESTING | 10/1/2003 |
| Y0470 | ARTIFICIAL NOSE (THE RMO VENT), 4 MONTHLY | A4483 | MOISTURE EXCHANGER, DISPOSABLE, FOR USE WITH INVASIVE MECHANICAL VENTILATION | 7/1/2003 |
| Y0471 | ARTIFICIAL NOSE TUBING, 3 MONTHLY | A4483 | MOISTURE EXCHANGER, DISPOSABLE, FOR USE WITH INVASIVE MECHANICAL VENTILATION | 7/1/2003 |
| Y0472 LR | PUMP W/CARTRIDGE PER DAY(PANCREATIC LIKE) TPM AND IV | E0781, E0791 RR | AMBULATORY INFUSION PUMP<br>PARENTERAL INFUSION PUMP | 7/1/2003 |
| Y0475 | INDIVIDUAL SKILLS DEVELOPMENT PER 15 MIN | H2014 | SKILLS TRAINING AND DEVELOPMENT, PER 15 MIN | 10/1/2003 |
| Y0476 | INTENS GROUP CHILD SKILLS DEVELOP SERV, 15 MIN | H2017 U1 | PSYCHOSOCIAL REHABILITATION SERVICES, PER 15 MIN | 10/1/2003 |
| Y0477 | INDIVIDUAL BEHAVIOR MANAGEMENT PER 15 MI | H2019 | THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MIN | 10/1/2003 |
| Y0478 | GROUP BEHAVIOR MANAGEMENT PER 15 MINUTES | H2019 HQ | THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MIN | 10/1/2003 |
| Y0480 | MENTAL HEALTH EVALUATION PER 15 MIN (DHS) | 90801 HO<br>90802 HO | PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION | 10/1/2003 |
| Y0481 | PSYCHOLOGICAL TESTING PER 15 MIN (DHS) | 96100, 96105, 96110, 96111, 96115, 96117 | PSYCHOLOGICAL TESTING | 10/1/2003 |
| Y0482 | INDIVIDUAL MENTAL HLTH THERAPY, 15 MIN, DHS | 90804, 90806, 90808, 90810, 90812, 90814, 90846-90847 | INDIVIDUAL PSYCHOTHERAPY | 10/1/2003 |
| Y0483 | GROUP MENTAL HEALTH THERAPY, 15 MIN, DHS | 90849, 90853, 90857 | GROUP PSYCHOTHERAPY | 10/1/2003 |
| Y0484 | MEDICAL MANAGEMENT M.D. PER ENCOUNTER (DHS) | 90862 | PHARMACOLOGIC MANAGEMENT ….. | 10/1/2003 |
| Y0485 | MEDICAL MANAGEMENT R.N. PER ENCOUNTER (DHS) | 90862 TD | PHARMACOLOGIC MANAGEMENT ….. | 10/1/2003 |
| Y0486 | GROUP CHILD SKILLS DEVELOP SERV,15 MIN, THROUGH AGE 20 DHS | H2017 | PSYCHOSOCIAL REHABILITATION SERVICES, PER 15 MIN | 10/1/2003 |
| Y0487 | INTENS.GROUP CHILD SKILLS DEVEL SERV,15 MIN-DHS | H2017 U2 | PSYCHOSOCIAL REHABILITATION SERVICES, PER 15 MIN | 10/1/2003 |
| Y0488 | PSYCHIATRIC EVALUATION PER 15 MIN (DHS) | 90801, 90802 | PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION | 10/1/2003 |
| Y0489 | COMP RESIDENTIAL SERVICES PER DAY | H2013 | PSYCHIATRIC HEALTH FACILITY SERVICE, PER DIEM | 10/1/2003 |
| Y0490 | COMP RESID SERVICE PER DAY | H2013 | PSYCHIATRIC HEALTH FACILITY SERVICE, PER DIEM | 10/1/2003 |
| Y0491 | COMP RESID SERVICE PER DAY | H2013 | PSYCHIATRIC HEALTH FACILITY SERVICE, PER DIEM | 10/1/2003 |
| Y0492 | COMP RESID SERVICE PER DAY | H2013 | PSYCHIATRIC HEALTH FACILITY SERVICE, PER DIEM | 10/1/2003 |
| Y0493 | COMP RESID SERVICE PER DAY | H2013 | PSYCHIATRIC HEALTH FACILITY SERVICE, PER DIEM | 10/1/2003 |
| Y0494 | COMP RESID SERVICE PER DAY | H2013 | PSYCHIATRIC HEALTH FACILITY SERVICE, PER DIEM | 10/1/2003 |
| Y0495 | COMP RESID SERVICE PER DAY | H2013 | PSYCHIATRIC HEALTH FACILITY SERVICE, PER DIEM | 10/1/2003 |
| Y0496 | COMP RESID SERVICE PER DAY | H2013 | PSYCHIATRIC HEALTH FACILITY SERVICE, PER DIEM | 10/1/2003 |
| Y0497 | COMP RESID SERVICE PER DAY | H2013 | PSYCHIATRIC HEALTH FACILITY SERVICE, PER DIEM | 10/1/2003 |
| Y0498 | INFUSION PUMP (CADD / SIMILAR) CASSETTES/BAG EACH | E0781 | AMBULATORY INFUSION PUMP | 10/1/2003 |
| Y0499LR | INFUSION PUMP (CADD/CDEZ/SIMILAR) DAILY | E0781 | AMBULAT INFUS PUMP,SINGLE/MULT CHANNEL,ADMIN EQUIP | 10/1/2003 |
| Y0500 | TCM FOR NEWBORNS; INITIAL ASSESS, EACH | T1023 | SCREENING TO DETERMINE THE APPROPRIATENESS OF CONSIDERATION OF AN INDIVIDUAL FOR PARTICIPATION IN A SPECIFIED PROGRAM, PROJECT OR TREATMENT PROTOCOL, PER ENCOUNTER | 10/1/2003 |
| Y0501 | TCM FOR NEWBORNS / 15 MIN | T1017 | TARGETED CASE MANAGEMENT, EACH 15 MINUTES | 10/1/2003 |
| Y0502 | SMOKING CESSATION FOLLOW-UP - FACE TO FACE, EACH | S9453 | SMOKING CESSATION CLASSES, PER SESSION | 10/1/2003 |
| Y0503 | SMOKING CESSATION FOLLOW-UP - TELEPHONE CONTACT, EACH | S9453 52 | SMOKING CESSATION CLASSES, PER SESSION | 10/1/2003 |
| Y0504 | TCM NEWBORN PARA | None | None | 4/1/2003 |
| Y0521 | AGING WAIVER COMPANION SERVICES PER HOUR | S5135 U3 | COMPANION CARE, ADULT; PER 15 MINUTES | 10/1/2003 |
| Y0522 | AGING WAIVER RESPITE - NF PER DAY | H0045 U3 | RESPITE CARE SERVICES, NOT IN THE HOME, PER DIEM | 10/1/2003 |
| Y0523 | AW CASE MANAGEMENT RURAL PER 15 MINUTES | T1016 TN U3 | CASE MANAGEMENT, EACH 15 MINUTES | 10/1/2003 |
| Y0524 | AW ASSESSMENT-URBAN EACH | T2024 U3 | SERVICE ASSESSMENT/PLAN OF CARE DEVELOPMENT, WAIVER | 10/1/2003 |
| Y0525 | AW ASSESSMENT-RURAL EACH | T2024 TN U3 | SERVICE ASSESSMENT/PLAN OF CARE DEVELOPMENT, WAIVER | 10/1/2003 |
| Y0526 | RESPITE--HOMEMAKER PER HOUR AW | S5150 U3 TN | UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MIN. | 10/1/2003 |
| Y0527 | RESPITE--HOME HEALTH AIDE PER HOUR AW | T1005 U3 TE or TN | RESPITE CARE SERVICES, UP TO 15 MINUTES | 10/1/2003 |
| Y0528 | AW ADULT DAY CARE (EXEMPT) PER DAY | S5102 U3 | DAY CARE SERVICES, ADULT; PER DIEM | 10/1/2003 |
| Y0529 | AW CHORE SERVICES PER HOUR | S5120 U3 TN | CHORE SERVICES; PER 15 MINUTES | 10/1/2003 |
| Y0530 | AW ADULT FOSTER CARE PER MONTH | None | None | 10/1/2002 |
| Y0531 | AW MEDICAL EQUIP/SUPPLIES PER ITEM | T2029 U3 | SPECIALIZED MEDICAL EQUIPMENT, NOS, WAIVER | 10/1/2003 |
| Y0532 | AW PERSONAL ASSIST SVCS (AGENCY) PER HR | T1019 U3 TN | PERSONAL CARE SERVICES, PER 15 MINUTES | 10/1/2003 |
| Y0533 | AW PERSONAL ASSIST SVCS, (IND CONT) PER HR | S5125 U3 | ATTENDANT CARE SERVICES; PER 15 MIN | 10/1/2003 |
| Y0534 | AW PERSONAL ASST TRAINING SRVS PER HR | S5115 U3 | HOME CARE TRAINING, NON-FAMILY, PER 15 MIN | 10/1/2003 |
| Y0535 | AW ENVIRONMENTAL ACCESSIBILITY ADAPTATION PER ITEM | S5165 U3 | HOME MODIFICATIONS; PER SERVICE | 10/1/2003 |
| Y0536 | AW ERS SWITCHING DEVICE PER ITEM | S5162 U3 | EMERGENCY RESPONSE SYSTEM; PURCHASE ONLY | 10/1/2003 |
| Y0537 | ABI WAIVER DAILY SUPPORT WORKSHEET | T2020 U5 | DAY HABILITATION, WAIVER; PER DIEM | 10/1/2003 |
| Y0538 | ABI WAIVER DAILY COMMUNITY WORKSHEET | T2031 U5 | ASSISTED LIVING, WAIVER; PER DIEM | 10/1/2003 |
| Y0539 | PAW LOCAL AREA SUPPORT COORD LIAISON PER HOUR (SW) | T2041 U4 | SUPPORTS BROKERAGE, SELF-DIRECTED, WAIVER; PER 15 MIN | 10/1/2003 |
| Y0540 | PAW LOCAL AREA SUPPORT COORD LIAISON PER HOUR (SE) | T2041 U4 | SUPPORTS BROKERAGE, SELF-DIRECTED, WAIVER; PER 15 MIN | 10/1/2003 |
| Y0541 | PD WAIVER PERSONAL ATTENDANT CARE PER 15 MINUTES | S5125 U4 | ATTENDANT CARE SERVICES; PER 15 MIN | 10/1/2003 |
| Y0551 | WHEELCHAIR CONTOUR U SEAT OR BACK | E1013 | INTEGRATED SEATING SYSTEM, CONTOURED, FOR PEDIATRIC WHEELCHAIR | 4/1/2003 |
| Y0553 | SEAT FRAME | None | None | 7/1/2003 |
| Y0554 | SIDE LYING BOARD (INCLUDING STRAP) | None | None | 7/1/2003 |

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| Y0555 | GEL BATTERY | K0085 | GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL ABSORBED GLASS MAT) | 10/1/2000 |
| Y0556 | EXTENSION TUBES | K0046, K0048 | ELEVATING LEGREST, ….. | 7/1/2003 |
| Y0557 | TRUNK SUPPORT BLOCK | None | None | 7/1/2003 |
| Y0561 | SMART BOX PROGRAMMER,SPEED CONTROL,ELECTRIC W.C | None | None | 7/1/2003 |
| Y0562 | AIR SPLINT | None | None | 7/1/2003 |
| Y0564 | DISPOSABLE INFUSION PUMP, ANY BRAND | A4305, A4306 | DISPOSABLE DRUG DELIVERY SYSTEM, ….. | 7/1/2003 |
| Y0565 | BALL BEARING FEEDER SYSTEM | None | None | 7/1/2003 |
| Y0566 | POSITIONING DEVICE HEAD IE HANS | None | None | 7/1/2003 |
| Y0567 | WHEELCHAIR BATTERY U1 LEAD ACID | None | None | 4/1/2003 |
| Y0568 | WHEELCHAIR BATTERY 22 NF LEAD ACID | K0082 | 22 NF NON-SEALED LEAD ACID BATTERY, EACH | 10/1/2000 |
| Y0569 | WHEELCHAIR BATTERY U1 GEL | None | None | 4/1/2003 |
| Y0570 | WHEELCHAIR BATTERY 22 NF GEL | K0083 | 22 NF SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASS MAT) | 10/1/2000 |
| Y0573 | SHOULDER RETRACTOR / HARNESS | E0710 | RESTRAINTS, ANY TYPE (BODY, CHEST, WRIST OR ANKLE) | 7/1/2003 |
| Y0580 | FACIAL SWITCH/ATTACHED TO HEAD SUPPORT FOR WHEELCHAIR | None | None | 7/1/2003 |
| Y0581 | CPAP HEADGEAR FOR PATIENT OWNED CPAP,ONE TIME ONLY | A7035 | HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE | 4/1/2003 |
| Y0582 | CPAP FILTERS FOR HEADGEAR, PATIENT OWNED, MONTHLY | A7038 | FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE | 7/1/2003 |
| Y0585 | FILTERS / PATIENT OWNED BIPAP, 1 EVERY 30 DAYS | A7038, A7039 | FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE | 4/1/2003 |
| Y0586 | MASK / PATIENT OWNED BIPAP, ONE EVERY 6 MO | A7030, A7034 | FACE MASK ….. | 4/1/2003 |
| Y0587 | CPAP TUBING ONCE EVERY 6 MONTHS PT. OWNED | A7037 | TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE | 4/1/2003 |
| Y0595 | PCA TRANSPORTATION | TN | RURAL/OUTSIDE PROVIDERS CUSTOMARY SERVICE AREA | 10/1/2003 |
| Y0600 | CNM ANTEPARTUM CARE 1ST TRIMESTER ONLY | 59425 | ANTEPARTUM CARE ONLY; 4-6 VISITS | 10/1/2003 |
| Y0601 | CNM ANTEPARTUM CARE, 2ND TRIMESTER ONLY | 59425 | ANTEPARTUM CARE ONLY; 4-6 VISITS | 10/1/2003 |
| Y0603 | CNM ANTEPARTUM CARE 3RD TRIMESTER ONLY | 59426 | ANTEPARTUM CARE ONLY; 7 OR MORE VISITS | 10/1/2003 |
| Y0606 | CNM TOTAL O.B. CARE, NORMAL DELIVERY | 59400 | ROUTINE OBSTETRIC CARE ….. | 10/1/2003 |
| Y0607 | CNM VAGINAL DEL ONLY/POSTPARTUM CARE | 59410 | VAGINAL DELIVERY ONLY INCLUDING POSTPARTUM CARE | 10/1/2003 |
| Y0608 | CNM POSTPARTUM CARE ONLY (SEPARATE PROC) | 59430 | POSTPARTUM CARE ONLY | 10/1/2003 |
| Y0609 | TOTAL OB CARE CNM - FREE STANDING BIRTH CNTR | None | None | 10/1/2003 |
| Y0610 | VAG DEL ONLY W/PP CARE BY CNM,FREE STND BIRTH | None | None | 10/1/2003 |
| Y0615 | FACILITY CHARGE/FREE-STANDING BIRTH CENT | 59899 | UNLISTED PROCEDURE, MATERNITY CARE AND DELIVERY | 10/1/2003 |
| Y0616 | CNM OFFICE VISIT (SEE DOCUMENT FOR COMPONENT | 99201 | OFFICE OR OTHER OUTPATIENT VISIT | 10/1/2003 |
| Y0617 | CNM OFFICE VISIT (SEE DOCUMENT FOR COMPONENT | 99202 | OFFICE OR OTHER OUTPATIENT VISIT | 10/1/2003 |
| Y0618 | CNM OFFICE VISIT (SEE DOCUMENT FOR COMPONENT | 99203 | OFFICE OR OTHER OUTPATIENT VISIT | 10/1/2003 |
| Y0619 | CNM OFFICE VISIT (SEE DOCUMENT FOR COMPONENT | 99204 | OFFICE OR OTHER OUTPATIENT VISIT | 10/1/2003 |
| Y0620 | CNM OFFICE VISIT (SEE DOCUMENT FOR COMPONENT | 99212 | OFFICE OR OTHER OUTPATIENT VISIT | 10/1/2003 |
| Y0621 | CNM OFFICE VISIT (SEE DOCUMENT FOR COMPONENT | 99213 | OFFICE OR OTHER OUTPATIENT VISIT | 10/1/2003 |
| Y0622 | CNM OFFICE VISIT (SEE DOCUMENT FOR COMPONENT | 99214 | OFFICE OR OTHER OUTPATIENT VISIT | 10/1/2003 |
| Y0623 | CNM IUD INSERT, INCLUDES OFFICE CALL | 58300 | INSERTION OF INTRAUTERINE DEVICE | 10/1/2003 |
| Y0624 | CNM IUD REMOVAL | 58301 | REMOVAL OF INTRAUTERINE DEVICE | 10/1/2003 |
| Y0625 | CNM DIAPHRAGM OR CERVICAL CAP FITTING | 57170 | DIAPHRAGM OR CERVICAL CAP FITTING WITH INSTRUCTIONS | 10/1/2003 |
| Y0626 | MENTAL HEALTH EVALUATION PER 15 MIN | Y4032 | None | 1/1/2002 |
| Y0627 | PSYCHOLOGICAL TESTING PER 15 MIN | Y4033 | None | 1/1/2002 |
| Y0628 | INDIVIDUAL MENTAL HEALTH THERAPY PER 15 MIN | Y4041 | None | 1/1/2002 |
| Y0629 | GROUP MENTAL HEALTH THERAPY PER 15 MIN | Y4051 | None | 1/1/2002 |
| Y0630 | MEDICATION MANAGEMENT BY MD PER ENCOUNTER | Y3060 | None | 1/1/2002 |
| Y0631 | MEDICATION MANAGEMENT BY RN PER ENCOUNTER | Y3064 | None | 1/1/2002 |
| Y0632 | INDIVIDUAL SKILLS DEVELOPMENT PER 15 MIN | Y0475 | None | 1/1/2002 |
| Y0633 | INTENSIVE GROUP CHILDRENS SKILLS DEVELOPMENT PER 15 MIN | Y0476 | None | 1/1/2002 |
| Y0634 | INDIVIDUAL BEHAVIOR MANAGEMENT PER 15 MIN | Y0477 | None | 1/1/2002 |
| Y0635 | GROUP BEHAVIOR MANAGEMENT PER 15 MINUTES | Y0478 | None | 1/1/2002 |
| Y0636 | GROUP SKILLS DEVELOPMENT, ADULT, PER 15 MIN | Y4080 | None | 1/1/2002 |
| Y0637 | GROUP SKILLS DEVELOPMENT, CHILD, PER 15 MIN. | Y4082 | None | 1/1/2002 |
| Y0638 | TARGETED CASE MANAGEMENT/CMI, PER 15 MIN | None | None | 1/1/2002 |
| Y0639 | TARGETED CASE MGMT/CMI (WHILE HOSPITALIZED) PER 15 MIN. | None | None | 1/1/2002 |
| Y0640 | TARGETED CASE MGT/SUBSTANCE ABUSE, PER 15 MIN | Y4135 | None | 1/1/2002 |
| Y0641 | TARGETED CASE MGT/S.A. DURING & PRIOR TO DIS/INPAT.15 MIN | Y4140 | None | 1/1/2002 |
| Y0660 | CHILD SPECIAL MANUAL WHEEL CHAIR GLOBAL | None | None | 12/4/2001 |
| Y0661 | CHILD POWER WHEELCHAIR | E1210-E1213 | MOTORIZED WHEELCHAIR, ….. | 7/1/2003 |
| Y0662 | PEDIATRIC DESIGN / ASSEMBLY FEE | None | None | 10/1/2003 |
| Y0663 | ADULT SPECIAL WHEELCHAIR/GLOBAL ALL ATTA | None | None | 12/4/2001 |

CONVERSION OF LOCAL CODES

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|---|---|---|---|---|
| Y0664 | ADULT POWER WHEELCHAIR | E1210-E1213 | MOTORIZED WHEELCHAIR, ….. | 7/1/2003 |
| Y0665 | DESIGN/ASSEMBLY ADULT SPEC OR POWER CHAI | None | None | 10/1/2003 |
| Y0667 | PRE WHEELCHAIR ASSESSMENT LEVEL 1 PT/OT | G9012 | OTHER SPECIFIED CASE MGMT SERVICE NOC | 10/1/2003 |
| Y0668 | PRE WHEELCHAIR ASSESSMENT LEVEL 2 PT/OT | G9012 | OTHER SPECIFIED CASE MGMT SERVICE NOC | 10/1/2003 |
| Y0669 | PRE WHEELCHAIR ASSESSMENT LEVEL 3 PT/OT | G9012 | OTHER SPECIFIED CASE MGMT SERVICE NOC | 10/1/2003 |
| Y0670 | PRE WHEELCHAIR ASSESSMENT LEVEL 1 PT/OT | G9012 | OTHER SPECIFIED CASE MGMT SERVICE NOC | 10/1/2003 |
| Y0671 | PRE WHEELCHAIR ASSESSMENT LEVEL 2 PT/OT | G9012 | OTHER SPECIFIED CASE MGMT SERVICE NOC | 1/15/2003 |
| Y0672 | PRE WHEELCHAIR ASSESSMENT LEVEL 3 PT/OT | G9012 | OTHER SPECIFIED CASE MGMT SERVICE NOC | 1/15/2003 |
| Y0675 | DES/ASSEM POWER W/C,SIP,BLOW,HEAD CONTRO | None | None | 7/1/2003 |
| Y0676 | ASSEM POWER W/C,ADDITIONL CONTROLS,SIP,B | None | None | 7/1/2003 |
| Y0800 | VAN TRANSPORT FOR DIALYSIS OUT-OF-COUNTY | None | None | 11/1/2000 |
| Y0801 | MEDICAL EVAL & EXAM FOR PSYCH-INPATIENT | None | None | 10/1/2003 |
| Y0888 | LEAD SCREEN BLOOD SPECIMEN COLLECTION,A | 36415 HA | COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE | 10/1/2003 |
| Y0944 | DIABETES SELF MANAGEMENT TRAINING | S9455 | DIABETIC MANAGEMENT PROGRAM, GROUP SESSION | 10/1/2003 |
| Y1011 | SPEECH,LANG THERAPY./INDIV,30MIN,NON PHYS | 92507 | TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL | 10/1/2003 |
| Y1012 | SPEECH,LANG. THERAPY/INDIV. 45MIN,NON PHYS | 92507 | TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL | 10/1/2003 |
| Y1013 | SPEECH,LANG.THERAPY/INDIV. 60 MIN,NON-PHYS | 92507 | TREATMENT OF SPEECH, ….. ; INDIVIDUAL | 10/1/2003 |
| Y1014 | EVALUATION FOR SIP, SWALLOW, SUCK DEF. DYSPHASIA THERAPY | 92610 | EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION | 10/1/2003 |
| Y1016 | THERAPY,TRAINING OF CARE GIVER TECHNIQUES | None | None | 7/1/2003 |
| Y1021 | SPEECH,LANG.THERAPY./GROUP 30 MIN.,NON-PHY | 92508 | TREATMENT OF SPEECH, ….. ; GROUP, TWO OR MORE INDIVIDUALS | 10/1/2003 |
| Y1022 | SPEECH,LANG.THERAPY/GROUP 45MIN.,NON-PHYS | 92508 | TREATMENT OF SPEECH, ….. ; GROUP, TWO OR MORE INDIVIDUALS | 10/1/2003 |
| Y1023 | SPEECH,LANG.THERAPY/GROUP 60MIN.,NON-PHYS | 92508 | TREATMENT OF SPEECH, ….. ; GROUP, TWO OR MORE INDIVIDUALS | 10/1/2003 |
| Y1025 | SPEECH PATH. CONSULT. PER HR.,NON-PHYS. | None | None | 7/1/2003 |
| Y1030 | POST TREAT. ASSESS./SPEECH,LANG. PATH. | None | None | 7/1/2003 |
| Y1111 | UTAH FLEXTRAN SERVICE PER TRIP | A0120 | NON-EMERGENCY TRANSPORTATION: MINI-BUS, MOUNTAIN AREA TRANSPORTS, OR OTHER | 7/1/2003 |
| Y1120 | NON-EMERGENCY ROUND TRIP (TAXI) | None | None | 7/1/2003 |
| Y1121 | TAXI MULTIPLE RIDERS, PER MILE | T2004 | NON-EMERGENCY TRANSPORT; COMMERCIAL CARRIER, MULTI-PASS | 4/1/2002 |
| Y1126 | BASIC SPEECH-LANG EVAL,INCLUDING TESTS, 30-60 MIN | 92506 | EVALUATION OF SPEECH, LANGUAGE, VOICE COMMUNICATION, ….. | 10/1/2003 |
| Y1127 | INTERIM SPEECH-LANG EVAL,INCL TESTS, 60-90 MIN | 92506 | EVALUATION OF SPEECH, LANGUAGE, VOICE COMMUNICATION, ….. | 10/1/2003 |
| Y1128 | COMP SPEECH-LANG EVAL, TESTS,90+ MIN | 92506 | EVALUATION OF SPEECH, LANGUAGE, VOICE COMMUNICATION, ….. | 10/1/2003 |
| Y1130 | WHEELCHAIR VAN, CITY ROUND TRIP | None | None | 4/1/2002 |
| Y1160 | VAN, EXTRA ATTENDANT, 50 MI AND UNDER, ONE WAY | T2001 | NON-EMERGENCY TRANSPORTATION; PATIENT ATTENDANT/ESCORT | 4/1/2002 |
| Y1161 | VAN STRETCHER | None | None | 10/1/1999 |
| Y1162 | VAN, OXYGEN, RESPIRATOR, IV | None | None | 5/25/2001 |
| Y1165 | NON SPECIALIZED VAN, ONE RIDER PER MILE | None | None | 7/1/2003 |
| Y1166 | NON SPECIALIZED VANS, TWO RIDERS PER MIL | None | None | 7/1/2003 |
| Y1167 | NONSPECIALIZED VAN, 3/MORE RIDERS PER MI | None | None | 7/1/2003 |
| Y1170 | BASE RATE FOR NEGOTIATED TRIPS (51 MI AND OVER), ONE WAY, VANS | None | None | 7/1/2003 |
| Y1171 | MILEAGE NEGOTIATED TRIPS ONLY, 51 MI AND OVER, ONE WAY, VANS | None | None | 7/1/2003 |
| Y1172 | ATTENDANT, 51 MI AND OVER, ONE WAY, VANS, NEGOTIATED TRIPS | T2001 | NON-EMERGENCY TRANSPORTATION; PATIENT ATTENDANT/ESCORT | 4/1/2002 |
| Y1190 | AMBULANCE, FIRST AID SERVICE, NO ONE | T2006 | AMBULANCE RESPONSE AND TREATMENT, NO TRANSPORT | 4/1/2002 |
| Y1249 | GRANITE SCHOOL DISTRICT SKILL DEVELOPMENT | T1018 | SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED | 10/1/2003 |
| Y1250 | GRANITE SCHOOL DIST SKILLS DEV-SELF CONT | T1018 | SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED | 10/1/2003 |
| Y1251 | GRANITE SCHOOL DIST SKILLS DEV-PRESCHOOL | T1018 | SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED | 10/1/2003 |
| Y1252 | SALT LAKE SCHOOL DIST; K-12 SKILL DEVEL. | T1018 | SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED | 10/1/2003 |
| Y1253 | SALT LAKE SCHOOL DIST; PRESCHOOL SKILL D | T1018 | SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED | 10/1/2003 |
| Y1254 | WEBER SCHOOL DISTRICT/SKILLS DEVEL(PRESC | T1018 | SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED | 10/1/2003 |
| Y1255 | WEBER SCHOOL DIST BEH HLTH SKILL DEV;IND | None | None | 6/26/2000 |
| Y1256 | WEBER SCHOOL DIST BEH HLTH SKILL DEV;GRO | None | None | 6/26/2000 |
| Y1257 | WEBER SCHOOL DIST;K-12 SKILLS DEVELOPMENT | T1018 | SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED | 10/1/2003 |
| Y1258 | DAVIS COUNTY SCHOOL DIST; K-12 SKILLS DE | T1018 | SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED | 10/1/2003 |
| Y1259 | DAVIS COUNTY SCHOOL DIST;PRESCHOOL SKILL | T1018 | SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED | 10/1/2003 |
| Y1260 | JORDAN SCHOOL DIST/SKILLS DEVEL(JORDAN V | T1018 | SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED | 10/1/2003 |
| Y1261 | JORDAN SCHOOL DIST/SKILLS DEVEL (PRESCHOOL | T1018 | SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED | 10/1/2003 |
| Y1262 | JORDAN SCHOOL DIST/SKILLS DEVEL (K-12) P | T1018 | SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED | 10/1/2003 |
| Y1263 | PROVO SCHOOL DIST;SPEC DAY SCHOOL SKILL | T1018 | SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED | 10/1/2003 |
| Y1265 | PROVO SCHOOL DIST; PRESCHOOL SKILLS DEVE | T1018 | SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED | 10/1/2003 |

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| Y1266 | ALPINE SCHOOL DIST;SPEC DAY SCHOOL SKILL | T1018 | SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED | 10/1/2003 |
| Y1267 | ALPINE SCHOOL DIST;SKILLS DEVEL (K-12) P | T1018 | SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED | 10/1/2003 |
| Y1268 | ALPINE SCHOOL DIST;SKILLS DEVEL(PRESCHOO | T1018 | SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED | 10/1/2003 |
| Y1269 | SEVIER/CENT UTAH SCH DISTS; K-12 SKILLS | T1018 | SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED | 10/1/2003 |
| Y1270 | SEVIER/CENT UTAH SCH.DIST;PRESCHOOL SKILL | T1018 | SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED | 10/1/2003 |
| Y1271 | SOUTH SANPETE SCHOOL DIST; K-12 SKILLS D | T1018 | SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED | 10/1/2003 |
| Y1272 | SO. SANPETE SCHOOL DIST;PRESCHOOL SKILL | T1018 | SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED | 10/1/2003 |
| Y1273 | WASHINGTON SCHOOL DIST; K-12 SKILLS DEVE | T1018 | SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED | 10/1/2003 |
| Y1274 | WASHINGTON SCHOOL DIST;PRESCHOOL SKILL D | T1018 | SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED | 10/1/2003 |
| Y1275 | UINTAH SCHOOL DIST;SKILLS DEVEL(PRESCHOO | T1018 | SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED | 10/1/2003 |
| Y1276 | UINTAH SCHOOL DIST;SKILLS DEVEL (K-12) P | T1018 | SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED | 10/1/2003 |
| Y1277 | OGDEN SCHOOL DIST;SKILLS DEVEL (PRESCHOOL | T1018 | SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED | 10/1/2003 |
| Y1278 | OGDEN SCHOOL DIST; SKILLS DEVEL (K-12) P | T1018 | SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED | 10/1/2003 |
| Y1279 | USDB SCHOOL-BASED SKILLS DEVEL.(PRESCHOOL | T1018 | SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED | 10/1/2003 |
| Y1280 | USDB SCHOOL-BASED SKILLS DEVEL. (K-12) P | T1018 | SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED | 10/1/2003 |
| Y1281 | SULEADS SCHOOL-BASED SKILLS DEV(PRESCHOOL | T1018 | SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED | 10/1/2003 |
| Y1282 | SULEADS SCHOOL-BASED SKILLS DEV (K-12) P | T1018 | SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED | 10/1/2003 |
| Y1283 | NEBO SCHOOL DIST; SKILLS DEVEL (K-12) PE | T1018 | SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED | 10/1/2003 |
| Y1284 | NEBO SCHOOL DIST;SKILLS DEVEL(PRESCHOOL) | T1018 | SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED | 10/1/2003 |
| Y1285 | TOOELE SCHOOL DIST;SKILLS DEVEL(K-12) PER DAY | T1018 | SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED | 10/1/2003 |
| Y1286 | TOOELE SCHOOL DIST;SKILLS DEVEL(PRESCHOOL) | T1018 | SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED | 10/1/2003 |
| Y1287 | SAN JUAN SCHOOL DIST; SKILL DEVEL (K-12) | T1018 | SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED | 10/1/2003 |
| Y1288 | SAN JUAN SCHOOL DIST;SKILL DEVEL(PRESCHO | T1018 | SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED | 10/1/2003 |
| Y1289 | NORTHERN UTAH LEAS;SKILLS DEVELOPMENT K-12,PER DAY | T1018 | SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED | 10/1/2003 |
| Y1290 | NORTHERN UTAH LEAS;SKILLS DEVEL PRESCHOOL PER DAY | T1018 | SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED | 10/1/2003 |
| Y1291 | MURRAY SCHOOL DIST;SKILLS DEVEL (K-12) PER DAY | T1018 | SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED | 10/1/2003 |
| Y1292 | MURRAY SCHOOL DIST;SKILLS DEVEL (PRESC) PER DAY | T1018 | SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED | 10/1/2003 |
| Y1298 | SCHOOL-BASED NURSING (IEP SERVICES);LPN | T1003 TM | LPN/LVN SERVICES, UP TO 15 MINUTES | 10/1/2003 |
| Y1299 | SCHOOL-BASED NURSING (IEP SERVICES); RN | T1002 TM | RN SERVICES, UP TO 15 MINUTES | 10/1/2003 |
| Y1310 | AUDIOLOGY ELECTRONYSLAGONOGRAPHY | 92541, 92542 | NYSTAGMUS TEST | 10/1/2003 |
| Y1311 | ELECTRO-PHYSIOLOGICAL TESTS | 92586 | AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY ….., LIMITED | 10/17/2003 |
| Y1320 | HEARING AID, EAR MOLD, EACH, INCLUDING I | V5275 | EAR IMPRESSION, EACH | 4/1/2002 |
| Y1321 | HEARING AID MOLD / SPECIAL NEEDS CHILDREN | V5275 | EAR IMPRESSION, EACH | 7/1/2003 |
| Y1350 | CRNA SUPPLIES FOR OFFICE ANESTHESIA | None | None | 7/1/2003 |
| Y1499 | LYMPHEDEMA SLEEVE AND GAUNTLET | S8424, S8428 | GRADIENT PRESSURE AID | 4/1/2003 |
| Y1800 | IV SEDATION BY NURSE ANESTHETIST FOR DENTAL SERVICES | None | None | 10/1/2003 |
| Y1899 | GEN ANESTHESIA DENTAL, O/P SETTING, FACILITY CHARGE | REV Code plus 21299 | UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE | 10/1/2003 |
| Y2000 | ELECTROLARYNX/ELECTRONIC SPEECH AID/TRAI | L8507, L8509 | TRACHEO-ESOPHAGEAL VOICE PROSTHESIS….. | 7/1/2003 |
| Y2080 | PERSONAL CARE ASSESSMENT | T1001 SE | NURSING ASSESSMENT / EVALUATION | 10/1/2003 |
| Y2081 | PERSONAL CARE AIDE, EACH HOUR | T1019 | PERSONAL CARE SERVICES, PER 15 MINUTES ….. | 10/1/2003 |
| Y2085 | TARG. CASE MGMT. CHRON. MENTALLY ILL,PER 15 MIN | T1017 | TARGETED CASE MANAGEMENT, EACH 15 MINUTES | 10/1/2003 |
| Y2090 | TARG CASE MGMT, CHRON MENTALLY ILL, INPT, 15 MIN | T1017 | TARGETED CASE MANAGEMENT, EACH 15 MINUTES | 10/1/2003 |
| Y2100 | ASSISTIVE LISTENING DEVICE | V5274 | ASSISTIVE LISTENING DEVICE, NOT OTHERWISE SPECIFIED | 7/1/2003 |
| Y2104 | PRIVATE DUTY LPN, PER HOUR | T1000 TE | PRIVATE DUTY / INDEPENDENT NURSING SERVICE(S) - LICENSED, UP TO 15 MINUTES | 10/1/2003 |
| Y2106 | PRIVATE DUTY RN NURSE, PER HOUR | T1000 | PRIVATE DUTY / INDEPENDENT NURSING SERVICE(S) - LICENSED, UP TO 15 MINUTES | 10/1/2003 |
| Y3001 | DDMR (DEV DISAB OR MENTAL RETARD) COMMUNITY LIVING SUPPORTS; PER DAY | S5140 U6<br>S5145 U6<br>T2031 U6 | FOSTER CARE, ADULT, PER DIEM<br>FOSTER CARE, THERAPEUTIC, CHILD; PER DIEM<br>ASSISTED LIVING, WAIVER; PER DIEM | 10/1/2003 |
| Y3002 | DDMR COMMUNITY LIVING SPECIAL NEEDS; PER DAY | H2016 U6 | COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER DIEM | 10/1/2003 |
| Y3003 | DDMR SUPPORTED LIVING (TRAINING) PER 15 | T2017 EY U6 | PSYCHOSOCIAL REHABILITATION SERVICES, PER 15 MIN | 10/1/2003 |
| Y3004 | DDMR SUPPORTED LIVING (TRAINING) PER HOUR | None | None | 12/18/2000 |
| Y3005 | DDMR SUPPORTED LIVING (SUPPORTS) PER 15 | T2017 HR U6 | PSYCHOSOCIAL REHABILITATION SERVICES, PER 15 MIN | 10/1/2003 |

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| Y3007 | DDMR DAY HABILITATION (NON-SITE BASED) DIRECT;15 MIN | T2021 U6 | COMMUNITY-BASED WRAP-AROUND SERVICES, PER 15 MIN | 10/1/2003 |
| Y3011 | DDMR DAY HABILITATION(INTENSE/STANDARD), DAY | None | None | 10/1/2003 |
| Y3012 | DDMR DAY HABILITATION(NON-SITE BASED);ADM & DIREC, 15 MIN | T2021 TU U6 | COMMUNITY-BASED WRAP-AROUND SERVICES, PER 15 MIN | 10/1/2003 |
| Y3013 | DDMR DAY HABILITATION - SPECIAL NEEDS | T2020 TT U6 | DAY HABILITATION, WAIVER; PER DIEM | 10/1/2003 |
| Y3014 | DDMR SCHOOL VACATION; DAY HABIL SVCS; PER DAY | None | None | 2/3/2003 |
| Y3015 | DDMR SCHOOL VACAT - DAY HABIL (CRISIS); PER DAY | T2020 U6 | DAY HABILITATION, WAIVER; PER DIEM | 10/1/2003 |
| Y3017 | DDMR EXTENDED RESID SERVICES; PER HOUR | None | None | 6/19/2000 |
| Y3018 | DDMR EXTENDED COMMUNITY LIVING, ADULT, P | H2021 HB U6 | COMMUNITY-BASED WRAP-AROUND SERVICES, PER 15 MIN | 10/1/2003 |
| Y3019 | DDMR SCHOOL VACATION-EXTENDED RESID HABILITATION, PER HR | None | None | 6/19/2000 |
| Y3020 | DDMR EXTENDED COMMUNITY LIVING, CHILD, P | H2021 HA U6 | COMMUNITY-BASED WRAP-AROUND SERVICES, PER 15 MIN | 10/1/2003 |
| Y3021 | DDMR SUPPORTED EMPLOYMENT, PER HR | T2018 U6 | HABILITATION, SUPPORTED EMPLOYMENT, WAIVER; PER DIEM | 10/1/2003 |
| Y3022 | DDMR SUPPORTED EMPL (ADMIN + DIRECT) PER HR | None | None | 6/19/2000 |
| Y3023 | DDMR SUPPORTED EMPL(ADMIN + DIRECT)PER 15 MIN | T2019 TU U6 | HABILITATION, SUPPORTED EMPLOYMENT, WAIVER, PER 15 MIN | 10/1/2003 |
| Y3024 | DDMR SUPPORTED EMPLOYMENT (DIRECT ONLY) HR | None | None | 6/19/2000 |
| Y3025 | DDMR SUPPORTED EMPL (DIRECT ONLY) PER 15 MIN | T2019 U6 | HABILITATION, SUPPORTED EMPLOYMENT, WAIVER, PER 15 MIN | 10/1/2003 |
| Y3026 | DDMR ENVIR ACCESS ADAPTATIONS, PER CONTR | S5165 U6 | HOME MODIFICATIONS; PER SERVICE | 10/1/2003 |
| Y3027 | DDMR SUPPORTED EMPLOYMENT (PER 15 MINUTE | H2025 U6 | ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER 15 MIN | 10/1/2003 |
| Y3028 | DDMR ENVIR ACCESS ADAPTATIONS; PER CONTR | S5165 U6 | HOME MODIFICATIONS; PER SERVICE | 10/1/2003 |
| Y3029 | DDMR SENIOR SUPPORTS (PER DAY) | T2020 U6 | DAY HABILITATION, WAIVER; PER DIEM | 10/1/2003 |
| Y3030 | DDMR FAMILY TRAIN,ASSIST(PROF CONSULT) 15 MIN | S5110 U6 HN | HOME CARE TRAINING, FAMILY; PER 15 MIN | 10/1/2003 |
| Y3031 | DDMR FAMILY TRNG ASSIST(PROF CONSULT) HR | None | None | 6/19/2000 |
| Y3033 | DDMR FAMILY TRAING,ASSIST(PARENT MNGD) HR | None | None | 10/1/2002 |
| Y3034 | DDMR FAMILY TRAIN,ASSIST(PARENT MNGD) 15 MIN | T1027 U6 | FAMILY TRAINING AND COUNSELING FOR CHILD DEVELOPMENT, PER 15 MINUTES | 10/1/2003 |
| Y3035 | HCBW FAMILY TRAIN,ASSISTANCE-PROV AGENCY, HR | None | None | 7/1/1998 |
| Y3036 | HCBW FAMILY TRAIN,ASSIST-PROV AGENCY- 15 MIN | None | None | 7/1/1998 |
| Y3037 | DDMR FAMILY TRAINING,ASSIST;DISAB SPECLS, HR | None | None | 6/19/2000 |
| Y3038 | DDMR FAMILY TRAIN,ASSIST;DISAB SPECLST, 15 MINP | S5110 U6 | HOME CARE TRAINING, FAMILY; PER 15 MIN | 10/1/2003 |
| Y3039 | DDMR RESPITE CARE (PER WEEK) | T2036 U6 | THERAPEUTIC CAMPING, OVERNIGHT, WAIVER, EACH SESSION | 10/1/2003 |
| Y3042 | DDMR RESPITE CARE SUPPORTS; PER DAY | S5151 U6 | UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM | 10/1/2003 |
| Y3043 | DDMR PERSONAL EMERG RESP SYSTEM PER NEED | S5160 U6,<br>S5162 U6 | EMERGENCY RESPONSE SYSTEM;….. | 10/1/2003 |
| Y3044 | DDMR PERSONAL EMERG RESP SYSTEM; PER MO | S5161 U6 | EMERGENCY RESPONSE SYSTEM; INSTALLATION AND TESTING SERVICE FEE, PER MONTH | 10/1/2003 |
| Y3045 | DDMR DAY SERVICES TRANSPORTATION; PER DAY | T2002 U6 | NON-EMERGENCY TRANSPORTATION; PER DIEM | 10/1/2003 |
| Y3046 | DDMR LATCH KEY SERVICES, PER HOUR | S5100 U6<br>T2027 U6 | DAY CARE SERVICES, ADULT, PER 15 MIN<br>SPECIALIZED CHILDCARE, WAIVER, PER 15 MIN | 10/1/2003 |
| Y3047 | DDMR EDUCATIONAL SERVICES PER HOUR | T2013 U6 | HABILITATION, EDUCATIONAL, WAIVER; PER HOUR | 10/1/2003 |
| Y3048 | DDMR SPECIALIZED MED EQUIP /SUPPLIES PER CONTR | T2029 U6 | SPECIALIZED MEDICAL EQUIPMENT, NOS, WAIVER | 10/1/2003 |
| Y3049 | DDMR EDUCATIONAL SUPPORTS PER CONTRACT | T2012 U6 | HABILITATION, EDUCATIONAL, WAIVER; PER DIEM | 10/1/2003 |
| Y3051 | DDMR WAIVER CASE MANAGEMENT, PER 15 MINU | T2022 U6 | CASE MANAGEMENT; PER MONTH | 10/1/2003 |
| Y3052 | DDMR RESPITE CARE (PARENT MANAGED) 15 MIN | S5150 U6 | UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MIN. | 10/1/2003 |
| Y3053 | DDMR RESPITE CARE - (PARENT MANAGED) - HR | None | None | 6/19/2000 |
| Y3054 | DDMR RESPITE CARE,AGENCY(FACILITY BASE)15 MIN | S5150 U6 | UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MIN. | 10/1/2003 |
| Y3055 | DDMR RESPITE CARE-AGENCY-(FACILITY BASED) HR | None | None | 6/19/2000 |
| Y3056 | DDMR RESPITE CARE-AGENCY-(HOME BASED)15 MIN | S5150 U6 | UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MIN. | 10/1/2003 |
| Y3057 | DDMR RESPITE CARE - AGENCY - (HOME BASED) HR | None | None | 6/19/2000 |
| Y3058 | DDMR SPECIALIZED MED EQUIP / SUPPLIES PER MO | T2028 U6 | SPECIALIZED SUPPLY, NOS, WAIVER | 10/1/2003 |
| Y3059 | DDMR SPECIALIZED MED EQUIP/ SUPPLIES PER CONTR | T2029 U6 | SPECIALIZED MEDICAL EQUIPMENT, NOS, WAIVER | 10/1/2003 |
| Y3060 | MEDICATION MGT BY MD, PER ENCOUNTER | 90862 | PHARMACOLOGIC MANAGEMENT ….. | 10/1/2003 |
| Y3061 | DDMR COMPANION SERVICES (PER 15 MINUTES) | S5135 U6 | COMPANION CARE, ADULT; PER 15 MINUTES | 10/1/2003 |
| Y3062 | DDMR COMPANION SERVICES (PER DAY) | S5136 U6 | COMPANION CARE, ADULT, PER DIEM | 10/1/2003 |
| Y3063 | DDMR PERSONAL ASSISTANCE PROGRAM (PER HO | S5125 U6 | ATTENDANT CARE SERVICES; PER 15 MIN | 10/1/2003 |
| Y3064 | MEDICATION MGT BY RN, PER ENCOUNTER | 90862 TD | PHARMACOLOGIC MANAGEMENT ….. | 10/1/2003 |
| Y3065 | DDMR CHORE/HOMEMAKER SUPPORTS (PER 15 MI | S5120 HR U6<br>S5130 HR U6 | CHORE SERVICES; PER 15 MIN<br>HOMEMAKER SERVICE, NOS; PER 15 MIN | 10/1/2003 |
| Y3066 | DDMR CHORE/HOMEMAKER SUPPORTS (PER 15 MI | S5120 U6<br>S5130 U6 | CHORE SERVICES; PER 15 MIN<br>HOMEMAKER SERVICE, NOS; PER 15 MIN | 10/1/2003 |
| Y3067 | DDMR TRANSPORTATION (PER MILE) | S0215 U6 | NON-EMERGENCY TRANSPORTATION; MILEAGE, PER MILE | 10/1/2003 |
| Y3068 | DDMR TRANSPORTATION (MONTHLY BUS PASS) | T2004 U6 | NON-EMERGENCY TRANSPORT; COMMERCIAL CARRIER, MULTI-PASS | 10/1/2003 |
| Y3069 | DDMR TRANSPORTATION (TAXI-PER MILE) | None | None | 10/1/2002 |

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|---|---|---|---|---|
| Y3080 | PAW (PHYS DISABIL) ATTENDANT CARE PER HOUR | S5125 U4 | ATTENDANT CARE SERVICES; PER 15 MIN | 7/1/2002 |
| Y3081 | PAW EMERGENCY RESPONSE PER MONTH | S5161 U4 | EMERGENCY RESPONSE SYSTEM; INSTALLATION AND TESTING SERVICE FEE, PER MONTH | 10/1/2003 |
| Y3082 | PAW CONSUMER PREP PER 15 MINUTES | S5108 U4 | HOME CARE TRAINING TO HOME CARE CLIENT, PER 15 MIN | 10/1/2003 |
| Y3083 | PAW PERSONAL EMERGENCY RESPONSE SYSTEM; | S5160 U4<br>S5162 U4 | EMERGENCY RESPONSE SYSTEM; ….. | 10/1/2003 |
| Y3084 | DDMR SELF DIRECTED SUPPORTS (PER 15 MINU | H2014 U6 | SKILLS TRAINING AND DEVELOPMENT, PER 15 MIN | 10/1/2003 |
| Y3085 | DDMR CHIROPRACTIC THERAPY (PER SESSION) | T2025 U6 | WAIVER SERVICES; NOS | 10/1/2003 |
| Y3086 | DDMR ACUPUNCTURE TREATMENT (PER SESSION) | T2025 U6 | WAIVER SERVICES; NOS | 10/1/2003 |
| Y3087 | DDMR MASSAGE THERAPY (PER 15 MINUTES) | T2025 U6 | WAIVER SERVICES; NOS | 10/1/2003 |
| Y3088 | DDMR WEIGHT MANAGEMENT CLASSES (PER SESSION) | S9449 U6 | WEIGHT MANAGEMENT CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION | 10/1/2003 |
| Y3089 | DDMR COMMUNICATION SUPPORTS (PER 15 MINU | T2025 U6 | WAIVER SERVICES; NOS | 10/1/2003 |
| Y3090 | DDMR COUNSELING INDIVIDUAL (PER 15 MINUT | H2019 U6 | THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MIN | 10/1/2003 |
| Y3091 | DDMR COUNSELING GROUP (PER 15 MINUTES) | H2019 U6 HQ | THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MIN | 10/1/2003 |
| Y3100 | DCFS TCM(RMS BASED)FOSTER CARE PER MONTH EFF 10/01 | H0042 | FOSTER CARE, CHILD, NON-THERAPEUTIC, PER MONTH | 10/1/2003 |
| Y3101 | DCFS TCM (RMS BASED) IN-HOME/MONTH (EFF 10/01/00) | T2023 | TARGETED CASE MANAGEMENT, PER MONTH | 10/1/2003 |
| Y3110 | TARGETED CASE MANAGEMENT,HOMELESS;PER 15 MIN | T1017 | TARGETED CASE MANAGEMENT, EACH 15 MINUTES | 10/1/2003 |
| Y3115 | TARGETED CASE MGMT,HOMELESS;15 MIN,30 DAYS PRIOR TO DISCHARGE FROM NURS FACILITY OR HOSPITAL | T1017 | TARGETED CASE MANAGEMENT, EACH 15 MINUTES | 10/1/2003 |
| Y3120 | TARG CASE MGMT, CHILD COMMITTED DIV YOUTH CORR, EACH 15 MIN | H0042 HU | FOSTER CARE, CHILD, NON-THERAPEUTIC, PER MONTH | 10/1/2003 |
| Y3130 | FHS/CSHCN TCM FOR EPSDT ELIGIBLES PER 15 MIN | None | None | 11/30/1999 |
| Y3131 | FHS/CSHCN TCM EPSDT ELIGIBLES (INPT) PER 15 MIN | None | None | 11/30/1999 |
| Y3132 | TARG CASE MGMT CHILDREN AT RISK (DFS) PER 15 MIN | T2023 | TARGETED CASE MANAGEMENT, PER MONTH | 1/1/2001 |
| Y3133 | DSPD TCM FOR EPSDT ELIGIBLES PER 15 MIN (NONWAIVER) | T1016 | CASE MANAGEMENT, EACH 15 MINUTES | 10/1/2003 |
| Y3200 | INITIAL EVAL. SESSION PSYCHOLOGIST,TOTL | 90801, 90802 | PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION | 10/1/2003 |
| Y3205 | INITIAL EVAL SESSION,TOTAL DCFS REFERRED | 90801, 90802 | PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION | 10/1/2003 |
| Y3206 | INITIAL EVAL SESSION TOTAL DYC REFERRED | 90801, 90802 | PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION | 10/1/2003 |
| Y3207 | INITIAL EVAL SESSION TOTAL DSPD REFERRED | 90801, 90802 | PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION | 10/1/2003 |
| Y3208 | ADDITIONAL EVAL HRS PER HR DYC REFERRED | None | None | 1/1/2002 |
| Y3209 | ADDITIONAL EVAL HRS PER HR DSPD REFERRED | None | None | 1/1/2002 |
| Y3210 | ADDITIONAL EVAL PER HOUR BY PSYCHOLOGIST | None | None | 1/1/2002 |
| Y3211 | TOTAL PSYCHOL TESTING DYC REFERRED CLIENT | 96100, 96105, 96110, 96111, 96115, 96117 | PSYCHOLOGICAL TESTING | 10/1/2003 |
| Y3212 | TOTAL PSYCHOL TESTING DSPD REFERRED CLIENT | 96100, 96105, 96110, 96111, 96115, 96117 | PSYCHOLOGICAL TESTING | 10/1/2003 |
| Y3213 | INDIV THERAPY PER HR PSYCHOL DYC REFERRED | 90804, 90806, 90808, 90810, 90812, 90814, 90846-90847 | INDIVIDUAL PSYCHOTHERAPY | 10/1/2003 |
| Y3214 | INDIV THERAPY PER HR PSYCHOL DSPD REFERRED | 90804, 90806, 90808, 90810, 90812, 90814, 90846-90847 | INDIVIDUAL PSYCHOTHERAPY | 10/1/2003 |
| Y3215 | ADDITIONAL EVAL, PER HR, DCFS REFERRAL | None | None | 1/1/2002 |
| Y3216 | GROUP THERAPY PER HR PSYCHOL DYC REFERRED | 90849, 90853, 90857 | GROUP PSYCHOTHERAPY | 10/1/2003 |
| Y3217 | GROUP THERAPY PER HR PSYCHOL DSPD REFERRED | 90849, 90853, 90857 | GROUP PSYCHOTHERAPY | 10/1/2003 |
| Y3220 | PSYCHOLOGICAL TESTING/PSYCHOLOGIST,TOTALN | 96100, 96105, 96110, 96111, 96115, 96117 | PSYCHOLOGICAL TESTING | 10/1/2003 |
| Y3225 | TOTAL PSYCHOL TESTING,DCFS REFERRED CLIENT | 96100, 96105, 96110, 96111, 96115, 96117 | PSYCHOLOGICAL TESTING | 10/1/2003 |
| Y3230 | INDIV. THERAPY/PER HOUR BY PSYCHOLOGISTN | 90804, 90806, 90808, 90810, 90812, 90814, 90846-90847 | INDIVIDUAL PSYCHOTHERAPY | 10/1/2003 |
| Y3235 | INDIV THERAPY,PER HOUR,PSYCHOL DCFS REFERRAL | 90804, 90806, 90808, 90810, 90812, 90814, 90846-90847 | INDIVIDUAL PSYCHOTHERAPY | 10/1/2003 |
| Y3240 | GROUP THERAPY/PER HOUR BY PSYCHOLOGIST N | 90849, 90853, 90857 | GROUP PSYCHOTHERAPY | 10/1/2003 |
| Y3245 | GROUP THERAPY,PER HR,PSYCHOL,DCFS REFERRED | 90849, 90853, 90857 | GROUP PSYCHOTHERAPY | 10/1/2003 |
| Y3301 | COMM RESIDENTIAL GROUP HOME/RESIDENCE,PE | None | None | 5/8/2001 |
| Y3302 | PRIOR APPROVED RESIDENTIAL SPEC NEEDS | None | None | 5/8/2001 |
| Y3306 | COMM RES FOSTER HOME, ADULT; PER DAY | None | None | 5/8/2001 |
| Y3308 | COMM RES LIVING SUPPORT & TRAINING, PER | None | None | 5/8/2001 |
| Y3309 | COMM RES LIVING SUPPORT & TRAINING, PER | None | None | 5/8/2001 |
| Y3311 | DAY TREATMENT HABILITATION, INTENSE; PER | None | None | 5/8/2001 |
| Y3312 | DAY TREATMENT HABILITATION, STANDARD; PE | None | None | 5/8/2001 |
| Y3313 | DAY TREATMENT HABILITATION,PRIOR APP,SPE | None | None | 5/8/2001 |
| Y3316 | PREVOCATIONAL DAY TREATMENT HABIL, ONCE | None | None | 5/8/2001 |
| Y3321 | SUPPORTED EMPLOYMENT, PER DAY | None | None | 5/8/2001 |
| Y3322 | SUPPORTED EMPLOYMENT, PER HOUR | None | None | 5/8/2001 |
| Y3331 | FAMILY SUPPORT, PER HOUR | None | None | 5/8/2001 |
| Y3341 | RESPITE CARE, PER HOUR | None | None | 10/1/2003 |
| Y3342 | RESPITE CARE, PER DAY | None | None | 10/1/2003 |
| Y3351 | WAIVER CASE MANAGEMENT, PER 15 MINUTES | None | None | 10/1/2003 |

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|---|---|---|---|---|
| Y4000 | HUMAN PAPILLOMA VIRUS (HPV) SCREENING TES | 87650, 87651 | STREPTOCOCCUS ….. | 10/1/2001 |
| Y4001 | HUMAN PAPILLOMA VIRUS (HPV) TYPING | 87652 | STREPTOCOCCUS ….. | 10/1/2001 |
| Y4020 | SIDE-KICK INFUSION PUMP (HOCKY PUCK HOLD | None | None | 10/1/2000 |
| Y4021 | DISPOS BAG W/TUBING,SIDE-KICK 50 ML/100 | A4305, A4306 | DISPOSABLE DRUG DELIVERY SYSTEM, ….. | 7/1/2003 |
| Y4025 | MIC-KEY / BUTTON FOR GASTRIC (OR SIMILAR | B9998 | NOC FOR ENTERAL SUPPLIES | 7/1/2003 |
| Y4026 | MIC-KEY / BUTTON TUBING INCLUSIVE | B9998 | NOC FOR ENTERAL SUPPLIES | 7/1/2003 |
| Y4032 | MENTAL HEALTH EVALUATION, PER 15 MIN | 90801, 90802, H0031, H0001 | PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION, MENTAL HEALTH ASSESSMENT, ALCOHOL AND/OR DRUG ASSESSMENT | 10/1/2003 |
| Y4033 | PSYCHOLOGICAL TESTING PER 1/4 HOUR | 96100, 96105, 96110, 96111, 96115, 96117 | PSYCHOLOGICAL TESTING | 10/1/2003 |
| Y4041 | INDIVIDUAL MENTAL HEALTH THERAPY PER 1/4 HR | 90804, 90806, 90808, 90810, 90812, 90814, 90846-90847 | INDIVIDUAL PSYCHOTHERAPY | 10/1/2003 |
| Y4051 | GRP MENTAL HEALTH THERAPY, PER 1/4 HR | 90849, 90853, 90857 | GROUP PSYCHOTHERAPY | 10/1/2003 |
| Y4080 | GROUP ADULT SKILL DEVELOP SERV,PER15 MIN | H2017 | PSYCHOSOCIAL REHABILITATION SERVICES, PER 15 MIN | 10/1/2003 |
| Y4082 | GROUP CHILD SKILL DEVELOP SERV,PER 15 MIN | H2017 | PSYCHOSOCIAL REHABILITATION SERVICES, PER 15 MIN | 10/1/2003 |
| Y4100 | GASTROSTOMY TUBE W/SILICONE SLIDING RING, ONE+C256 | B4086 | GASTROSTOMY / JEJUNOSTOMY TUBE, ANY MATERIAL, ANY TYPE, EACH | 7/1/2003 |
| Y4101 | RESID TX SERVICE PER DAY | H2016 | COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER DIEM | 10/1/2003 |
| Y4102 | RESID TX SERVICE PER DAY | H2016 | COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER DIEM | 10/1/2003 |
| Y4103 | RESID TX SERVICE PER DAY | H2016 | COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER DIEM | 10/1/2003 |
| Y4104 | RESID TX SERVICE PER DAY | H2016 | COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER DIEM | 10/1/2003 |
| Y4105 | RESID TX SERVICE PER DAY | H2013 | PSYCHIATRIC HEALTH FACILITY SERVICE, PER DIEM | 10/1/2003 |
| Y4106 | RESID TX SERVICE PER DAY | H2016 | COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER DIEM | 10/1/2003 |
| Y4107 | WILDERNESS RES TX PER DAY | H2016 | COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER DIEM | 10/1/2003 |
| Y4111 | FAMILY RESID PER DAY | S5145 | FOSTER CARE, THERAPEUTIC, CHILD; PER DIEM | 10/1/2003 |
| Y4112 | FAMILY RESID PER DAY | S5145 | FOSTER CARE, THERAPEUTIC, CHILD; PER DIEM | 10/1/2003 |
| Y4113 | FAMILY RESID PER DAY | S5145 | FOSTER CARE, THERAPEUTIC, CHILD; PER DIEM | 10/1/2003 |
| Y4114 | FAMILY RESID PER DAY | S5145 | FOSTER CARE, THERAPEUTIC, CHILD; PER DIEM | 10/1/2003 |
| Y4115 | FAMILY RESID PER DAY | S5145 | FOSTER CARE, THERAPEUTIC, CHILD; PER DIEM | 10/1/2003 |
| Y4116 | FAMILY RESID PER DAY | S5145 | FOSTER CARE, THERAPEUTIC, CHILD; PER DIEM | 10/1/2003 |
| Y4117 | FAMILY BASED RESID TX PER DAY | S5145 | FOSTER CARE, THERAPEUTIC, CHILD; PER DIEM | 10/1/2003 |
| Y4118 | PERSONAL SERVICES PER 15 MINUTES | H0046 | MENTAL HEALTH SERVICES, NOT OTHERWISE SPECIFIED | 4/1/2003 |
| Y4119 | COLLATERAL SERVICES PER 15 MINUTES | 90846, 90847 | INDIVIDUAL PSYCHOTHERAPY | 4/1/2003 |
| Y4120 | VOCATIONAL TRAINING AND SUPPORT | H2025 | ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER 15 MIN | 4/1/2003 |
| Y4121 | CASE MANAGEMENT PER 15 MINUTES | H0046 | MENTAL HEALTH SERVICES, NOT OTHERWISE SPECIFIED | 4/1/2003 |
| Y4122 | RESPITE CARE PER 15 MINUTES | S5150 | UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MIN. | 4/1/2003 |
| Y4123 | SPECIAL PURCHASES | H0046 | MENTAL HEALTH SERVICES, NOS | 4/1/2003 |
| Y4124 | SUPPORTIVE LIVING | H0043 | SUPPORTED HOUSING, PER DIEM | 4/1/2003 |
| Y4125 | TELEPHONE MED MANAGEMENT PER 15 MINUTES | H0046 | MENTAL HEALTH SERVICES, NOS | 4/1/2003 |
| Y4126 | CONSULTATION | H0046 | MENTAL HEALTH SERVICES, NOS | 4/1/2003 |
| Y4127 | COORDINATION WITH HMO'S PER ENCOUNTER | H0046 | MENTAL HEALTH SERVICES, NOS | 4/1/2003 |
| Y4128 | TELEPHONE OUTREACH PER 15 MIN | H0046 | MENTAL HEALTH SERVICES, NOS | 4/1/2003 |
| Y4129 | EDUC SVCS PER 15 MIN | H0046 | MENTAL HEALTH SERVICES, NOS | 4/1/2003 |
| Y4131 | MENTOR SVCS PER 15 MIN | H0046 | MENTAL HEALTH SERVICES, NOS | 4/1/2003 |
| Y4132 | TRACKER SVCS PER 15 MIN | H0046 | MENTAL HEALTH SERVICES, NOS | 4/1/2003 |
| Y4133 | CASE CONSULTATION PER 15 MIN | H0046 | MENTAL HEALTH SERVICES, NOS | 4/1/2003 |
| Y4134 | INTERAGENCY CONSULT PER 15 MIN | H0046 | MENTAL HEALTH SERVICES, NOS | 4/1/2003 |
| Y4135 | SUBSTANCE ABUSE / TARG CASE MNGT PER 15 MI | H0006 | ALCOHOL AND/OR DRUG SERVICES; CASE MANAGEMENT | 10/1/2003 |
| Y4136 | THERAPEUTIC HOME PER DAY | H0046 | MENTAL HEALTH SERVICES, NOS | 4/1/2003 |
| Y4137 | WRAPAROUND SVCS PER 15 MIN | H2021 | COMMUNITY-BASED WRAP-AROUND SERVICES, PER 15 MIN | 4/1/2003 |
| Y4138 | PARENT TRNG PER 15 MIN | H2027 | PSYCHOEDUCATIONAL SERVICE, PER 15 MIN | 4/1/2003 |
| Y4139 | SAFETY PLAN DVLPMNT PER 15 MIN | H0046 | MENTAL HEALTH SERVICES, NOS | 4/1/2003 |
| Y4140 | SUB ABUSE/TARG CASE MNGT, 15 MIN, 30 DAYS PRIOR TO DISC FROM NURS FACILITY | H0006 | ALCOHOL AND/OR DRUG SERVICES; CASE MANAGEMENT | 10/1/2003 |
| Y4141 | PARENT CASE MNGMNT PER 15 MIN | H0046 | MENTAL HEALTH SERVICES, NOS | 4/1/2003 |
| Y4142 | LEISURE SVCS PER 15 MIN | H0046 | MENTAL HEALTH SERVICES, NOS | 4/1/2003 |
| Y4143 | PAREN ADVOCACY PER 15 MIN | H0046 | MENTAL HEALTH SERVICES, NOS | 4/1/2003 |
| Y4144 | RESPITE CARE PER HOUR | None | None | 1/1/2000 |
| Y4147 | REP PAYEE SVCS PER 15 MIN | H0046 | MENTAL HEALTH SERVICES, NOS | 4/1/2003 |
| Y4148 | CLINICAL MONITORING PER 15 MIN | S5190 | WELLNESS ASSESSMENT, PERFORMED BY NON-PHYSICIAN | 4/1/2003 |
| Y4150 | ABI WAIVER CASE MANAGEMENT PER 15 MINUTE | T2022 U5 | CASE MANAGEMENT; PER MONTH | 10/1/2003 |
| Y4151 | ABI WAIVER HOMEMAKER SERVICES PER 15 MIN | S5130 U5 | HOMEMAKER SERVICE, NOS; PER 15 MIN | 10/1/2003 |
| Y4152 | ABI WAIVER RESPITE SERVICES PER 15 MIN. | S5150 U5 | UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MIN. | 10/1/2003 |
| Y4153 | ABI WAIVER RESPITE SERVICES PER 15 MIN. | S5150 U5 | UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MIN. | 10/1/2003 |
| Y4154 | ABI WAIVER RESPITE SERVICES PER 15 MIN. | S5150 U5 | UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MIN. | 10/1/2003 |
| Y4155 | ABI WAIVER RESPITE SERVICES PER DAY | S5151 U5 | UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM | 10/1/2003 |
| Y4156 | ABI WAIVER ENVIRONMENTAL, EACH, LEVEL I | None | None | 2/3/2003 |
| Y4157 | ABI WAIVER ENVIRONMENTAL, EACH, LEVEL II | None | None | 2/3/2003 |
| Y4158 | ABI WAIVER EQUIPMENT, EACH, LEVEL I | T2028 U5 | SPECIALIZED SUPPLY, NOS, WAIVER | 10/1/2003 |
| Y4159 | ABI WAIVER EQUIPMENT, EACH, LEVEL II | T2029 U5 | SPECIALIZED MEDICAL EQUIPMENT, NOS, WAIVER | 10/1/2003 |
| Y4160 | ABI WAIVER EQUIPMENT, EACH, LEVEL III | T2029 U5 | SPECIALIZED MEDICAL EQUIPMENT, NOS, WAIVER | 10/1/2003 |
| Y4161 | ABI WAIVER CHORE SERV PER 15 MINUTES, INDIVIDUAL | None | None | 12/18/2000 |
| Y4162 | ABI WAIVER CHORE SERV PER 15 MINUTES, AGENCY | None | None | 12/18/2000 |
| Y4163 | ABI WAIVER PERSONAL EMER RESP SYSTEM, MONTH | S5161 U5 | EMERGENCY RESPONSE SYSTEM; INSTALLATION AND TESTING SERVICE FEE, PER MONTH | 10/1/2003 |
| Y4164 | ABI WAIVER PERSONAL EMER RESP SYSTEM, EACH | S5160 U5<br>S5162 U5 | EMERGENCY RESPONSE SYSTEM; ….. | 10/1/2003 |

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| Y4165 | ABI WAIVER COMPANION SERVICES PER 15 MIN | S5135 U5 | COMPANION CARE, ADULT; PER 15 MINUTES | 10/1/2003 |
| Y4166 | ABI WAIVER FAMILY TRAINING PER 15 MINUTE | None | None | 7/1/2002 |
| Y4167 | ABI WAIVER FAMILY TRAINING PER 15 MIN. L | S5110 U5 | HOME CARE TRAINING, FAMILY; PER 15 MIN | 10/1/2003 |
| Y4168 | ABI WAIVER FAMILY TRAINING PER 15 MIN. L | S5110 HN U5 | HOME CARE TRAINING, FAMILY; PER 15 MIN | 10/1/2003 |
| Y4169 | ABI WAIVER STRUCT.DAY PROGRAM PER 15 MIN | T2021 TU U5 | COMMUNITY-BASED WRAP-AROUND SERVICES, PER 15 MIN | 10/1/2003 |
| Y4170 | ABI WAIVER STRUCT.DAY PROGRAM PER 15 MIN | T2021 U5 | COMMUNITY-BASED WRAP-AROUND SERVICES, PER 15 MIN | 10/1/2003 |
| Y4171 | ABI WAIVER SUPPORTED EMPLOYMENT PER 15 MI | T2019 TU U5 | HABILITATION, SUPPORTED EMPLOYMENT, WAIVER, PER 15 MIN | 10/1/2003 |
| Y4172 | ABI WAIVER SUPPORT EMPLOYMENT PER 15 MIN | T2019 U5 | HABILITATION, SUPPORTED EMPLOYMENT, WAIVER, PER 15 MIN | 10/1/2003 |
| Y4173 | ABI WAIVER SUPPORTED EMPLOYMENT PER DAY | T2018 U5 | HABILITATION, SUPPORTED EMPLOYMENT, WAIVER; PER DIEM | 10/1/2003 |
| Y4174 | ABI WAIVER COUNSELING INDIVIDUAL PER 15 | H2019 U5 | THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MIN | 10/1/2003 |
| Y4175 | ABI WAIVER COUNSELING GROUP PER 15 MINUT | H2019 HQ U5 | THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MIN | 10/1/2003 |
| Y4176 | ABI WAIVER BEHAVIOR PROGRAM PER 15 MIN. | None | None | 12/18/2000 |
| Y4177 | ABI WAIVER BEHAVIOR PROGRAM PER 15 MIN. | None | None | 12/18/2000 |
| Y4178 | ABI WAIVER BEHAVIOR PROGRAM PER 15 MIN. | None | None | 12/18/2000 |
| Y4179 | ABI WAIVER SUPPORTED LIVING PER 15 MINUT | T2017 U5 | PSYCHOSOCIAL REHABILITATION SERVICES, PER 15 MIN | 10/1/2003 |
| Y4180 | ABI WAIVER REHABILITATION THERAPIES PER | None | None | 12/18/2000 |
| Y4181 | ABI WAIVER TRANSPORTATION PER DAY | T2002 U5 | NON-EMERGENCY TRANSPORTATION; PER DIEM | 10/1/2003 |
| Y4182 | ABI WAIVER COMPANION SERVICES, DAILY | S5136 U5 | COMPANION CARE, ADULT, PER DIEM | 10/1/2003 |
| Y4362 | SKIN BARRIER I.E. STOMAHESIVE 8 - 8 / EA | A5122 | SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT, EACH | 7/1/2003 |
| Y4600 | INJECTION FEE PEDIATRIC IMMUNIZATION ONLY | 90471, 90472 SL | IMMUNIZATION ADMIN; | 10/1/2003 |
| Y4681 | MMR / MEASLES MUMP RUBELLA | 90707 | MMR ….. | 7/1/2003 |
| Y4773 | HBV / HEPATITIS B | 90740, 90746, 90747 | HEPATITIS B VACCINE ….. | 7/1/2003 |
| Y4797 | HIB / HAEMOPHILUS INFLUENZA | 90721 | DTAP-HIB | 7/1/2003 |
| Y5000 | KILOGRAM SCALE | None | None | 7/1/2003 |
| Y5030 | MONAURAL HEARING AID, GLOBAL CHARGE | V5242<br>V5243 | HEARING AID, ANALOG, MONAURAL, ….. | 4/1/2002 |
| Y5130 | BINAURAL HEARING AID, GLOBAL CHARGE | V5248<br>V5249 | HEARING AID, ANALOG, BINAURAL, ….. | 4/1/2002 |
| Y5135 | DIGITAL HEARING AID, SINGLE EAR | V5254<br>V5255<br>V5256<br>V5257 | HEARING AID, DIGITAL, MONAURAL, ….. | 4/1/2002 |
| Y5300 | OCCUPATIONAL THERAPY EVAL; CHILDREN AGES | Q0086 GO | PHYSICAL THERAPY EVALUATION/TREATMENT, PER VISIT | 10/1/2003 |
| Y5301 | OCCUPATIONAL THERAPY TREATMENT; CHILDREN | Q0086 GO | PHYSICAL THERAPY EVALUATION/TREATMENT, PER VISIT | 10/1/2003 |
| Y5302 | OCCUPATIONAL THERAPY EVALUATION ADULTS | Q0086 GO | PHYSICAL THERAPY EVALUATION/TREATMENT, PER VISIT | 1/15/2003 |
| Y5303 | OCCUPATIONAL THERAPY ADULTS | Q0086 GO | PHYSICAL THERAPY EVALUATION/TREATMENT, PER VISIT | 1/15/2003 |
| Y5304 | OT PT COMBO EVALUATION | Q0086 | PHYSICAL THERAPY EVALUATION/TREATMENT, PER VISIT | 10/1/2003 |
| Y5305 | OT PT REHAB CENTER COMBO (10 VISITS) | Q0086 | PHYSICAL THERAPY EVALUATION/TREATMENT, PER VISIT | 10/1/2003 |
| Y5306 | OT PT REHAB CENTER (PA AFTER 10 VISITS) | Q0086 | PHYSICAL THERAPY EVALUATION/TREATMENT, PER VISIT | 10/1/2003 |
| Y5400 | HIV/AIDS SPECIALIZED TARGETED CASE MANAGEMT,15 MIN | T1017 | TARGETED CASE MANAGEMENT, EACH 15 MINUTES | 10/1/2003 |
| Y5410 | PHYSICIAN MEDICAL CASE MANAGEMT AIDS/HIV | None | None | 7/1/2003 |
| Y5500 | HEARING EXAM INCLUDES MEASURE OF ACUITIES | 92557 | COMPREHENSIVE AUDIOMETRY THREHOLD EVALUATION AND SPEECH RECOGNITION | 7/1/2003 |
| Y5555 | ENURESIS ALARM ANY MANUFACTURER MECHANIC | None | None | 7/1/2003 |
| Y5998 | PRESSURE RELIEVING MATTRESS KCI ATMOS AIR #4000 | E0373 | NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS | 10/1/2002 |
| Y5999 | QUIDEL QUICKVIEW ONE-STEP HPYLORI TEST KI | None | None | 7/1/2003 |
| Y6000 LR | AIR FLUIDATION BED WITH SILICONE MICROSPHERES | None | None | 10/1/2003 |
| Y6001 LR | WATER FLUIDATION BED - RENTAL - DAILY | None | None | 7/1/2003 |
| Y6002 | EXTERNAL MODIFICATION APPLIED TO SHOE OWNED BY PATIENT | A5507 | FOR DIABETICS ONLY, NOS MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE, PER SHOE | 7/1/2003 |
| Y6003 | ADULT SHOE ATTACH.TO BRACE OR ORTHOSIS, PER SHOE | L3224, L3225 | ORTHOPEDIC FOOTWEAR | 7/1/2003 |
| Y6004 | 4 OZ. MINI INFANT DRAIN POUCH, 10 PER MO | None | None | 7/1/2003 |
| Y6005 | TRACH TIES/TWILL TAPE, ONE ROLL FOR TRAC | S8189 | TRACHEOSTOMY SUPPLY, NOT OTHERWISE CLASSIFIED | 7/1/2003 |
| Y6006 | TILT IN SPACE WHEELCHAIR FRAME | E1231, E1232, E1233, E1234 | WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, ….. | 7/17/2001 |
| Y6007 | NON-SELF WHEEL TILT IN SPACE WHEELCHAIR | E1161 | MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE | 7/1/2003 |
| Y6008 | REVERSE WALKER | None | None | 10/1/2003 |
| Y6009 LR | AIR BED (RENTAL) | E0193 RR | POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY) | 7/1/2003 |
| Y6010 | OXIMETER, PULSE, NOT INTERMITTENT;HOME (PER MO) | E0445 RR | OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY | 7/27/2001 |
| Y6011 | TRACH SPONGES/GAUZE PAD W/OPENING | S8189 | TRACHEOSTOMY SUPPLY, NOT OTHERWISE CLASSIFIED | 7/1/2003 |
| Y6013 | OXIMETER SERVICE W/READING BY MD (1 PER MO) | E0445 RR | OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY | 7/1/2003 |
| Y6014 | VASELINE GAUZE, PER ROLL | A6222-A6224 | GAUZE, IMPREGNATED WITH OTHER THAN WATER, ….. | 7/1/2003 |
| Y6015 LR | OXIMETER, PULSE (PER WEEK) | E0445 RR | OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY | 4/1/2003 |
| Y6016 | CHASTON GAUZE CONFORMING (NON PUBLISHED) | A6422-A6428 | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, ….. | 4/1/2003 |
| Y6017 | SEATING SYSTEM PADS FOR TILT IN SPACE WH | None | None | 7/1/2003 |
| Y6018 | HYDRAULIC BATH CHAIR WITH SPOUT CONNECTOR | None | None | 7/1/2003 |
| Y6020 LR | OXYGEN ANALYZER (PER WEEK) | None | None | 7/1/2003 |
| Y6022 | WHEELCHAIR - FORK AND STRAP REPLACEMENT | E0997-E0998 | CASTER | 7/1/2003 |
| Y6023 | HUMMERAL BLOCKS, PAIR | K0108 | WHEELCHAIR COMPONENT OR ACCESSORY, NOS | 7/1/2003 |
| Y6024 | WHEELCHAIR - KNEE BLOCKERS, PAIR | None | None | 7/1/2003 |
| Y6025 LR | OUTDOOR OXYGEN LIQUID TANK W REGULATOR | E0434 RR | PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; ….. | 7/1/2003 |
| Y6026 | WHEELCHAIR - SOLID FOOT BOARD | K0042 | STANDARD SIZE FOOTPLATE, EACH | 7/1/2003 |
| Y6027 | LUMBAR SUPPORT ON WHEELCHAIR | None | None | 7/1/2003 |
| Y6028 | MACLAREN BUGGY | None | None | 7/1/2003 |
| Y6029 | AUGMENTATIVE COMMUNICATION DEVICE,I.E.TO | K0544 | SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, ….. | 4/1/2001 |

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|---|---|---|---|---|
| Y6030 | HUMIDIFIER(CASC)SERV-U-PAK,FEED SET,INCLUDING JARS | E0550 | HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION ….. | 7/1/2003 |
| Y6031 | AUGMENTATIVE COMMUNICATION DEVICE,I.E.PI | K0547 | ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED | 4/1/2001 |
| Y6032 | AUGMENTATIVECOMMUNICATION DEVICE,I.E.8&3 | K0547 | ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED | 7/1/2003 |
| Y6033 | AUGMENTATIVE COMMUNICATION DEVICE MOUNT | K0546 | ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM | 4/1/2001 |
| Y6034 | GUNNELL WALKER WITH PADDING | None | None | 7/1/2003 |
| Y6035 LR | COMPRESSOR 50 PSI OUTLET INCLUDING FILTERS | E0565 | COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF- CONTAINED OR CYLINDER DRIVEN | 7/1/2003 |
| Y6036 | MINI-KIT W/FILTER,EXHALATION CHECK VALVE, MOUTHPIECE | None | None | 7/1/2003 |
| Y6037 | RIGID NON-FOLD WHEELCHAIR FRAME HEAVY DUTY | None | None | 10/1/2003 |
| Y6038 | METAL SIDE GUARDS FOR WHEELCHAIR, EACH | None | None | 7/1/2003 |
| Y6039 | WHEELCHAIR - CUSTOM BUILT ENCLOSED FOOT PLATE | K0108 | WHEELCHAIR COMPONENT OR ACCESSORY, NOS | 7/1/2003 |
| Y6040 | NON-DISPOSABLE CIRCUITS FOR PATIENT OWNED VENTILATOR (ONCE EVERY 5 MO) | A4618 | BREATHING CIRCUITS | 7/1/2003 |
| Y6041 | WHEELCHAIR - FLIP DOWN HARDWARE FOR EXTENDED HEADREST | None | None | 7/1/2003 |
| Y6042 | PADDED TRANSFER BENCH | None | None | 7/1/2003 |
| Y6043 | 9" CASTERS FORK/TIRE/TUBE/WHEEL ELECTRIC WHEELCHAIR | None | None | 7/1/2003 |
| Y6044 | PEDIATRIC REACHER | None | None | 7/1/2003 |
| Y6045 | SUPINE STANDER | None | None | 7/1/2003 |
| Y6046 | POSITIONING SUPPORT BATH SYSTEM WITH HEA | None | None | 7/1/2003 |
| Y6047 | ZIPPY WHEELED STANDER | S8470 | POSITIONING DEVICE, STANDER ….. | 7/1/2003 |
| Y6048 | SWIVEL WALKER, SMALL, CUSTOM | None | None | 7/1/2003 |
| Y6049 | SWIVEL WALKER, LARGE, CUSTOM | None | None | 7/1/2003 |
| Y6050 LR | OXYGEN CONCENTRATOR | E1390 | OXYGEN CONCENTRATOR, ….. | 10/1/2003 |
| Y6051 | IN-LINE SUCTION CATH/NOT REG SUCT CATH,M | A4610 | TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, FOR 72 OR MORE HOURS OF USE, EACH | 4/1/2003 |
| Y6052 | ORTHOPEDIC CAR SEAT - POSITIONING | None | None | 7/1/2003 |
| Y6053 | OUT OF STATE GROUND TRANSPORT CHEC REVIE | None | None | 7/1/2003 |
| Y6054 | OUT OF STATE AIRFARE TRACKING / CHEC ONL | None | None | 7/1/2003 |
| Y6056 | OUT OF STATE HOUSING CHEC TRACKING ONLY | None | None | 7/1/2003 |
| Y6057 | INFANT DIAPERS DISPOSABLE SMALL, EACH | A4529 | CHILD-SIZED INCONTINENCE PRODUCT, DIAPER, SMALL/MEDIUM SIZE, EACH | 4/1/2003 |
| Y6058 | INFANT DIAPERS DISPOSABLE MEDIUM, EACH | A4529 | CHILD-SIZED INCONTINENCE PRODUCT, DIAPER, SMALL/MEDIUM SIZE, EACH | 4/1/2003 |
| Y6059 | INFANT DIAPERS DISPOSABLE LARGE, EACH | A4530 | CHILD-SIZED INCONTINENCE PRODUCT, DIAPER, SMALL/MEDIUM SIZE, EACH | 4/1/2003 |
| Y6060 | ADULT DIS.DIAPERS,SMALL,EACH | A4521 | ADULT-SIZED INCONTINENCE PRODUCT, DIAPER, SMALL SIZE, EACH | 4/1/2003 |
| Y6061 | ADULT DISPOSABLE DIAPERS,MEDIUM,EACH | A4522 | ADULT-SIZED INCONTINENCE PRODUCT, DIAPER, MEDIUM SIZE, EACH | 4/1/2003 |
| Y6062 | ADULT DISPOSABLE DIAPERS,LARGE,EACH | A4523 | ADULT-SIZED INCONTINENCE PRODUCT, DIAPER, LARGE SIZE, EACH | 4/1/2003 |
| Y6063 | 3-WAY 30 CC BALLOON,NONALLERGENIC,SPECIAL COATING FOR CONTINUOUS IRRIGATION | None | None | 4/1/2003 |
| Y6065 | ASPIRATOR/AMBU BAG | None | None | 7/1/2003 |
| Y6066 | HEAD HARNESS FOREHEAD PULLEY SYSTEM | E0942 | CERVICAL HEAD HARNESS/HALTER | 7/1/2003 |
| Y6067 | JOYSTICK EXTENSION, STICK 4"-5", T SHAPE | None | None | 7/1/2003 |
| Y6068 | TILT IN SPACE MOTORIZED | E1231 - E1234 | WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, ….. | 10/1/2003 |
| Y6071 | OVERNIGHT READING/OXIMETER ONE UNIT SERV | E0445 | OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY | 7/1/2003 |
| Y6072 | PADS FOR PLASTIC ADULT PANTY,NOT SAN NAP | A4535 | DISPOSABLE LINER/SHIELD FOR INCONTINENCE, EACH | 7/1/2003 |
| Y6073 | WHEELCHAIR - AIRLESS TUBE / INNER TUBE | K0097, K0093 | WHEEL ZERO PRESSURE TIRE TUBE (FLAT FREE INSERT) FOR POWER BASE, ANY SIZE, EACH | 7/1/2003 |
| Y6074 | WHEELCHAIR - SPECIAL TIRE FOR AIRLESS TUBE | K0090 | REAR WHEEL TIRE FOR POWER WHEELCHAIR, ANY SIZE, EACH | 7/1/2003 |
| Y6078 | E-Z PORTABLE BLOW UP BATH TUB | None | None | 7/1/2003 |
| Y6079 | TOILET SEAT SUPP/REDUCER RING/ADJ OPEN/A | E0244 | RAISED TOILET SEAT | 7/1/2003 |
| Y6080 | PROJECT REALITY METHADONE ADMINISTRATION | H0020 | ALCOHOL AND/OR DRUG SERVICES; METHADONE ADMINISTRATION AND/OR SERVICE | 10/1/2003 |
| Y6081 | FEEDER SEAT, ANY BRAND | None | None | 7/1/2003 |
| Y6082 | SPECIALIZED WALKER INC ALL ATT / GAIT TR | None | None | 4/1/2003 |
| Y6083 | FLUTTER DEVICE FOR CYSTIC FIBROSIS | S8185 | FLUTTER DEVICE | 10/1/2002 |
| Y6084 | WHEELCHAIR - JOY STICK REPLACEMENT | None | None | 7/1/2003 |
| Y6091 | ABD OR SIMILAR BANDAGE 7 X 10 X 1 INCH, | None | None | 7/1/2003 |
| Y6092 | DISPOSABLE PAD FOR SANI-PANTS | A4535 | DISPOSABLE LINER/SHIELD FOR INCONTINENCE, EACH | 4/1/2003 |
| Y6095 | PARI LC JET NEB / PARI PRONEB COMP COMP | A7005 | ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE | 4/1/2003 |
| Y6096 | ENTERAL FEEDING SUPPLY KIT FOR LONG TERM CARE FACILITY INCLUDING BAGS/SPIKE | B4034, B4035 | ENTERAL FEEDING SUPPLY KIT; ….. | 7/1/2003 |
| Y6098 | MED-JECT, INSULIN AIR INJECTOR | None | None | 7/1/2003 |
| Y6100 | SOLID BACK INSERT, WHEELCHAIR, INC HARDWARE | K0023 | SOLID BACK INSERT, PLANAR BACK, SINGLE DENSITY FOAM, ATTACHED WITH STRAPS | 7/1/2003 |
| Y6101 | POWER ELEVATING LEG RESTS | None | None | 7/1/2003 |
| Y6103 | SPEAKING VALVE TRACH PAIR | L8501 | TRACHEOSTOMY SPEAKING VALVE | 7/1/2003 |
| Y6106 | PUSH CANE FOR WHEELCHAIR BACK | None | None | 7/1/2003 |
| Y6110 | SCOLIOSIS PAD, CUSHION, CUSTOM WHEELCHAIR | None | None | 7/1/2003 |
| Y6111 | REVERSE WALKER CONVERSION KIT | None | None | 7/1/2003 |
| Y6115 | NORMAL SALINE 3 CC VIAL | None | None | 7/1/2003 |

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| Y6120 | HIP GUIDE/CUSTOM WHEELCHAIR | None | None | 7/1/2003 |
| Y6125 | WHEELCHAIR - SWING AWAY LEG RESTS WITH FOOT PLATE(S) | E0990 | ELEVATING LEG REST, EACH | 7/1/2003 |
| Y6126 | WHEELCHAIR PNEUMATIC TIRE TUBE | K0068 | PNEUMATIC TIRE TUBE, EACH | 7/1/2003 |
| Y6127 | WHEELCHAIR POSITIONING HEADREST (VERTICAL AND HORIZONTAL) | None | None | 7/1/2003 |
| Y6129 | SHOE HOLDER EACH | None | None | 7/1/2003 |
| Y6130 | WHEELCHAIR ADUCTOR PADS, ABDUCTOR PAD OR HIP GUIDES | None | None | 7/1/2003 |
| Y6131 | FULL ANTERIOR POSITIONING CHEST SUPPORT | None | None | 7/1/2003 |
| Y6132 | OXYGEN HOLDER FOR WHEELCHAIR | K0104 | CYLINDER TANK CARRIER, EACH | 7/1/2003 |
| Y6133 | WHEELCHAIR - GEL POSITIONING CUSHION SYSTEM WITH ATTACHMENTS | None | None | 10/1/2003 |
| Y6135 | WHEELCHAIR GS BACK CUSHION (JAY) | E1013 | INTEGRATED SEATING SYSTEM, CONTOURED, FOR PEDIATRIC WHEELCHAIR | 4/1/2003 |
| Y6136 | WHEELCHAIR HARDWARE, PAN, ALL ATTACHMENTS FOR CONTOUR U BACK AND SEAT | None | None | 7/1/2003 |
| Y6144 | MULTI-CHAMBER, AIR POCKET, ROHO CUSHION | None | None | 10/1/2003 |
| Y6150 | ELECTRIC BLOOD PRESSURE EQUIPMENT (NP) | A4670 | AUTOMATIC BLOOD PRESSURE MONITOR | 7/1/2003 |
| Y6155 | GYM BALL FOR EPSDT | None | None | 7/1/2003 |
| Y6156 | ISOLETTE FOR EPSDT | None | None | 7/1/2003 |
| Y6199 | HAND HELD NEBULIZER FOR INHALENTS | None | None | 7/1/2003 |
| Y6666 | HOME VISIT TB PATIENT | None | None | 7/1/2003 |
| Y6700 | PRIMARY CARE MD/SOUTH DAVIS ONLY/WEEKLY | None | None | 7/1/2003 |
| Y6705 | INITIAL CONSULT/SOUTH DAVIS SPECIALIST/1 | None | None | 7/1/2003 |
| Y6710 | FOLLOW UP CONSULT/SOUTH DAVIS (NON PUBLIC | None | None | 7/1/2003 |
| Y7000 | PERINATAL CARE COORDINATN/1 PER 30 DAYS | T1017 | TARGETED CASE MANAGEMENT, EACH 15 MINUTES | 10/1/2003 |
| Y7005 | RISK ASSESSMENT FOR PREG WOMEN/2 PER 10 MO | H1000 | PRENATAL CARE, AT-RISK ASSESSMENT | 10/1/2003 |
| Y7006 | RISK ASSESSMENT HIGH RISK PREG WOMEN/2 PER 10 MO | H1001 | PRENATAL CARE, AT-RISK ENHANCED SERVICE; ANTEPARTUM MANAGEMENT | 10/1/2003 |
| Y7010 | GROUP PRE-POSTNATAL EDUCATION/8 PER 12MO. | S9446 | PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON-PHYSICIAN PROVIDER, GROUP, PER SESSION | 10/1/2003 |
| Y7020 | NUTRITNL/ASSESS/COUNSELNG/HIGH RISK PREG PT | S9470 | NUTRITIONAL COUNSELING, DIETITIAN VISIT | 10/1/2003 |
| Y7025 | PSYCHOSOCIAL COUNSEL/PRE-POSTNATAL,10 PER 12 MO | H0046 | MENTAL HEALTH SERVICES, NOS | 10/1/2003 |
| Y7030 | PRE/POSTNATAL HOME VISITS/6 PER 12 MO. | H1004 | PRENATAL CARE, AT-RISK ENHANCED SERVICE; FOLLOW-UP HOME | 10/1/2003 |
| Y7040 | PRENAT ASSESSMENT/INITIAL VST/1 PER 10 | 99204 SB or SA | OFFICE OR OTHER OUTPATIENT VISIT | 10/1/2003 |
| Y7045 | PRENATAL VISIT-SNGL/OTHER THAN INITIAL | 99212 SB or SA | OFFICE OR OTHER OUTPATIENT VISIT | 10/1/2003 |
| Y7049 | INDUCED ABORT,ADM MED,ANY TRIMEST,FOLLOW | None | None | 11/13/2000 |
| Y7050 | HIGH RISK GLOBAL VAGINAL DELIVERY | 59400 22 | ROUTINE OBSTETRIC CARE ….. | 10/1/2003 |
| Y7051 | HIGH RISK GLOBAL C-SECTION | 59510 22 | ROUTINE OBSTETRIC CARE ….. | 10/1/2003 |
| Y7052 | HIGH RISK VAGINAL DELIVERY ONLY W/POSTPA | 59410 22 | VAGINAL DELIVERY ONLY …. INCLUDING POSTPARTUM CARE | 10/1/2003 |
| Y7053 | HIGH RISK CESAREAN DELIVERY ONLY W/POSTP | 59515 22 | CESAREAN DELIVERY ONLY; INCLUDING POSTPARTUM CARE | 10/1/2003 |
| Y7055 | COMP HIGH RISK PG TEAM CONSULT/1 PER 10 | None | None | 11/13/2000 |
| Y7056 | COMP HIGH RISK PG TEAM FOLLOWUP CONSULT | None | None | 11/13/2000 |
| Y7320 | SYNAGIS 100 MG | 90378 | RESP SYNCYTIAL VIRUS IMMUNE GLOBULIN,INTRAM,50 MG | 10/1/2003 |
| Y7321 | SYNAGIS 50 MG | 90378 | RESP SYNCYTIAL VIRUS IMMUNE GLOBULIN,INTRAM,50 MG | 10/1/2003 |
| Y7600 | ANALGESIA OR IV SEDATION FOR RADIOLOGIC | 99141, 99142 | SEDATION WITH OR WITHOUT ANALGESIA ….. | 10/1/2003 |
| Y7777 | DISEASE ORIENTED CASE MNG TARGETED | None | None | 7/1/2003 |
| Y8000 | HOSPICE -ROUTINE HOME CARE SL/DAV/WEBER, DAILY | T2042 | HOSPICE ROUTINE HOME CARE; PER DIEM | 10/1/2003 |
| Y8001 | CONT HOME CARE DAILY SL/WEB/HOSPICE | T2043 | HOSPICE CONTINUOUS HOME CARE; PER HOUR | 10/1/2003 |
| Y8002 | CONT HOME CARE PR/HR AFT Y8001 SL/WEB HO | T2043 | HOSPICE CONTINUOUS HOME CARE; PER HOUR | 10/1/2003 |
| Y8003 | RESPITE CARE SL/WEB DAILY HOSPICE | T2044 | HOSPICE INPATIENT RESPITE CARE, PER DIEM | 10/1/2003 |
| Y8004 | INPATIENT CARE SL/DAVIS/WEBER DAILY HOSPICE | T2045 | HOSPICE GENERAL INPATIENT CARE; PER DIEM | 10/1/2003 |
| Y8005 | ROUTINE HOME CARE PROVO/OREM DAILY HOSPICE | T2042 | HOSPICE ROUTINE HOME CARE; PER DIEM | 10/1/2003 |
| Y8006 | CONT HOME CARE, DAILY; PROVO/OREM HOSPICE | T2043 | HOSPICE CONTINUOUS HOME CARE; PER HOUR | 10/1/2003 |
| Y8007 | CONT HOME CARE,HRLY;AFTER Y8006;PROVO/OR | T2043 | HOSPICE CONTINUOUS HOME CARE; PER HOUR | 10/1/2003 |
| Y8008 | RESPITE CARE, PROVO/OREM; DAILY, HOSPICE | T2044 | HOSPICE INPATIENT RESPITE CARE, PER DIEM | 10/1/2003 |
| Y8009 | INPATIENT CARE, PROVO/OREM; DAILY; HOSPICE | T2045 | HOSPICE GENERAL INPATIENT CARE; PER DIEM | 10/1/2003 |
| Y8010 | ROUTINE HOME CARE; ALL OTHERS; DAILY, HOSPICE | T2042 | HOSPICE ROUTINE HOME CARE; PER DIEM | 10/1/2003 |
| Y8011 | CONT HOME CARE, DAILY; ALL OTHERS, HOSPICE | T2043 | HOSPICE CONTINUOUS HOME CARE; PER HOUR | 10/1/2003 |
| Y8012 | CONT HOME CARE; HOURLY; AFTER Y8011; HOSPICE | T2043 | HOSPICE CONTINUOUS HOME CARE; PER HOUR | 10/1/2003 |
| Y8013 | RESPITE CARE, ALL OTHERS; DAILY | T2044 | HOSPICE INPATIENT RESPITE CARE, PER DIEM | 10/1/2003 |
| Y8014 | INPATIENT CARE, ALL OTHERS; DAILY, HOSPICE | T2045 | HOSPICE GENERAL INPATIENT CARE; PER DIEM | 10/1/2003 |
| Y8015 | SNF/ICF ROOM/BOARD PER DIEM; DAILY; HOSPICE | T2046 | HOSPICE LONG TERM CARE, ROOM AND BOARD ONLY; PER DIEM | 10/1/2003 |
| Y8020 | REG NURSE VISIT;IV,ENTERAL,PARENTERAL TH | T1002 | RN SERVICES, UP TO 15 MINUTES | 10/1/2003 |
| Y8021 | REG NURSE FOLLOW UP VISIT;ENT PARENTERL, | Q0081 | INFUSION THERAPY, USING OTHER THAN CHEMOTHERAPEUTIC DRUGS, PER VISIT | 10/1/2003 |
| Y8022 | REG NURSE CATHETER CARE,IV,ENT,PARENTERA | T1002 | RN SERVICES, UP TO 15 MINUTES | 10/1/2003 |
| Y8025 | OFFICE SURGERY KIT/PODIATRISTS ONLY | None | None | 7/1/2003 |
| Y8080 | LITHOTRIPSY,OUTPATIENT;EXTRACORPOREAL SH | S0400 | GLOBAL FEE ESWL FOR TREATMENT OF KIDNEY STONES | 10/1/2003 |
| Y8100 | PHYSICIAN DISABILITY DETERMINATION, INITIAL | None | None | 10/1/2003 |
| Y8110 | CERVICAL CAP | None | None | 37895 |
| Y8880 | DIETITIAN COUNSELING,SPECIAL NEEDS CHIL | S9470 TF GT | NUTRITIONAL COUNSELING, DIETITIAN VISIT | 10/1/2003 |
| Y9005 | GRAM SCALE | None | None | 7/1/2003 |
| Y9006 | TARGETED CASE MNGMT TB PATIENT, PER 15 M | None | None | 7/1/2003 |
| Y9007 | DIRECTLY OBSERVED THERAPY TB PATIENT IN | T1502 | ADMINISTRATION OF ORAL, INTRAMUSCULAR AND/OR SUBCUTANEOUS MEDICATION BY HEALTH CARE AGENCY/PROFESSIONAL, PER VISIT | 10/1/2003 |
| Y9008 | DIRECTLY OBSERVED THERAPY OUTREACH TB PA | H0033 | ORAL MEDICATION ADMINISTRATION, DIRECT OBSERVATION | 10/1/2003 |
| Y9050 | PHARMACIST CONSULTATION / DUR ONLY | None | None | 12/18/2000 |

CONVERSION OF LOCAL CODES

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|---|---|---|---|---|
| Y9051 | COPIES OF MEDICAL RECORDS | S9981 | MEDICAL RECORDS COPYING FEE, ADMINISTRATIVE | 10/1/2003 |
| Y9055 | COMPLETE FORM 20/20 M | 99080 | SPECIAL REPORTS SUCH AS INSURANCE FORMS, ….. | 10/1/2003 |
| Y9066 | ISOTHERMOL BREATHING CIRCUIT/PED/ADULT/H | None | None | 7/1/2003 |
| Y9072 | BAGS / ENTERAL, THIRTY/MONTH | None | None | 4/1/2003 |
| Y9088 | JOBST GARMENTS, ONE ONLY | A6510-A6512 | COMPRESSION BURN GARMENT, ….. | 4/1/2003 |
| Y9090 | HELMET | E0701 | HELMET WITH FACE GUARD AND SOFT INTERFACE MATERIAL, PREFABRICATED | 7/1/2003 |
| Y9091 | HELMET WITH FACE GUARD AND CHINSTRAP | E0701 | HELMET WITH FACE GUARD AND SOFT INTERFACE MATERIAL, PREFABRICATED | 4/1/2003 |
| Y9093 | MOUTH RINSE PROGRAM / CHILDREN, TWICE PE | None | None | 7/1/2003 |
| Y9095 | PREVNAR PNEUMOCOCCAL VACCINE DIPHTHERIA C | None | None | 4/1/2001 |
| Y9100 | EVALUATION FOR CHIROPRACTIC SERVICES | None | None | 9/5/2000 |
| Y9107 | PKU-1 500 GM | S9434 and NDC | MODIFIED SOLID FOOD SUPPLEMENTS | 10/1/2003 |
| Y9111 | CHIROPRACTIC GLOBAL THERAPY SESSION | 99202, 99203, 99212, 99213, 98940 | OFFICE OR OTHER OUTPATIENT VISIT | 9/5/2000 |
| Y9211 | PHLEXY-10 CAPSULES | S9434 and NDC | MODIFIED SOLID FOOD SUPPLEMENTS | 10/1/2003 |
| Y9216 | PHENYL AID DRINK MIX | S9434 and NDC | MODIFIED SOLID FOOD SUPPLEMENTS | 10/1/2003 |
| Y9219 | LUPRON DEPOT 3.75 MG, PER MG : PER VIAL | None | None | 8/1/2001 |
| Y9220 | PHENEX DRUG 400 CM CAN | S9434 and NDC | MODIFIED SOLID FOOD SUPPLEMENTS | 10/1/2003 |
| Y9221 | PHENEX 2 325 GM | S9434 and NDC | MODIFIED SOLID FOOD SUPPLEMENTS | 10/1/2003 |
| Y9222 | MAXIMADE XP 454 GM | S9434 and NDC | MODIFIED SOLID FOOD SUPPLEMENTS | 10/1/2003 |
| Y9223 | PHENYL-FREE 480 GM | S9434 and NDC | MODIFIED SOLID FOOD SUPPLEMENTS | 10/1/2003 |
| Y9224 | LOFENALAC 480 GM | S9434 and NDC | MODIFIED SOLID FOOD SUPPLEMENTS | 10/1/2003 |
| Y9225 | ROGENIC ONE ML INJECTION | S9434 and NDC | MODIFIED SOLID FOOD SUPPLEMENTS | 10/1/2003 |
| Y9226 | AMINO ACID BLEND 454 GM | S9434 and NDC | MODIFIED SOLID FOOD SUPPLEMENTS | 10/1/2003 |
| Y9229 | PROPIMEX-1 | S9434 and NDC | MODIFIED SOLID FOOD SUPPLEMENTS | 10/1/2003 |
| Y9230 | MSUD PER 454 GRAM CAN | S9434 and NDC | MODIFIED SOLID FOOD SUPPLEMENTS | 10/1/2003 |
| Y9231 | PKU-2 500 GRAM CAN | S9434 and NDC | MODIFIED SOLID FOOD SUPPLEMENTS | 10/1/2003 |
| Y9234 | MAXIMUM XP PER CAN 454 GRAMS | S9434 and NDC | MODIFIED SOLID FOOD SUPPLEMENTS | 10/1/2003 |
| Y9235 | ANALOG XP PER 400 GRAM CAN | S9434 and NDC | MODIFIED SOLID FOOD SUPPLEMENTS | 10/1/2003 |
| Y9236 | PERIFLEX, 454 GRAMS, FOR PKU | S9434 and NDC | MODIFIED SOLID FOOD SUPPLEMENTS | 10/1/2003 |
| Y9237 | PRODUCT 80056 | S9434 and NDC | MODIFIED SOLID FOOD SUPPLEMENTS | 10/1/2003 |
| Y9238 | KETONEX-2 | S9434 and NDC | MODIFIED SOLID FOOD SUPPLEMENTS | 10/1/2003 |
| Y9239 | TYROMEX-1 | S9434 and NDC | MODIFIED SOLID FOOD SUPPLEMENTS | 10/1/2003 |
| Y9240 | TB UNIT DAILY RATE | None | None | 7/1/2003 |
| Y9300 | RN TELEHEALTH HOMECARE, 15 MINUTE CONSUL | T1002 GT | RN SERVICES, UP TO 15 MINUTES | 10/1/2003 |
| Y9301 | RN TELEHEALTH HOMECARE, 30 MINUTE CONSUL | T1002 GT | RN SERVICES, UP TO 15 MINUTES | 10/1/2003 |
| Y9302 | DIETICIAN DIETARY TELEHEALTH HOMECARE CO | S9470 TG GT | NUTRITIONAL COUNSELING, DIETITIAN VISIT | 10/1/2003 |
| Y9550 | OUTPATIENT REHABILITATION DAY CARE | None | None | 7/1/2003 |
| Y9590 | NUTRITION ASSESSMENT AND CARE PLAN, ONCE | 97802 | MEDICAL NUTRITION THERAPY, ….. | 10/1/2003 |
| Y9595 | NUTRITION THERAPY | 97803 | MEDICAL NUTRITION THERAPY, ….. | 10/1/2003 |
| Y9905 | PHARMACOLOGIC MGMT NON-PA, LIMIT 12 | None | None | 1/9/2001 |
| Y9900 | INITIAL PSYCHIATRIC EVAL NON-PA,LIMIT ONE PER WEEK | None | None | 10/1/2003 |
| Y9921 | PHENEX-2 | S9434 and NDC | MODIFIED SOLID FOOD SUPPLEMENTS | 10/1/2003 |
| Y9988 | PSYCHIATRIC THERAPY 1ST 12 NON-PA VISIT | None | None | 10/1/2003 |
| Y9999 | PHYSICAL THERAPY 1ST TEN NON-PA VISITS | Q0086 | PHYSICAL THERAPY EVALUATION/TREATMENT, PER VISIT | 10/1/2003 |