

Program	CCH Auth Code	Service Code <i>Provider Visit File to HHAX must align with these codes</i>	Description	HHAX Service Type	HHAX Exported Claim - CPT Code	HHAX Exported Claim - Revenue Code	Units per Hour	Auth Required in HHAX	Auth Required for CCH Claims Adjudication	Evaluation Code	Notes
HH Aide	G0156	G0156	SRVC HH/HOSPICE AIDE EA 15 MIN	HHA	G0156	570	1 visit = 1 unit	No	Yes	No	
HH Aide	G0156	G0156 RC570	SRVC HH/HOSPICE AIDE EA 15 MIN	HHA	G0156	570	1 visit = 1 unit	No	Yes	No	
HH Aide	S9122	S9122	HOM HLTH AIDE/CNA PROV CARE HOM HR	HHA	S9122	570	1 visit = 1 unit	No	Yes	No	
HH Aide	S9122	S9122 RC570	HOM HLTH AIDE/CNA PROV CARE HOM HR	HHA	S9122	570	1 visit = 1 unit	No	Yes	No	
HH Aide	T1021	T1021	Home health aide or certified nurse assistant, per visit	HHA	T1021	570	1 visit = 1 unit	No	Yes	No	
HH Aide	T1021	T1021 RC570	Home health aide or certified nurse assistant, per visit	HHA	T1021	570	1 visit = 1 unit	No	Yes	No	
Occupational Therapy	n/a	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	OT	97165	434	1 visit = 1 unit	No	No	Yes	
Occupational Therapy	n/a	97165 RC434	OT EVAL LOW COMPLEX 30 MIN	OT	97165	434	1 visit = 1 unit	No	No	Yes	
Occupational Therapy	n/a	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	OT	97166	434	1 visit = 1 unit	No	No	Yes	
Occupational Therapy	n/a	97166 RC434	OT EVAL MOD COMPLEX 45 MIN	OT	97166	434	1 visit = 1 unit	No	No	Yes	
Occupational Therapy	n/a	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	OT	97167	434	1 visit = 1 unit	No	No	Yes	
Occupational Therapy	n/a	97167 RC434	OT EVAL HIGH COMPLEX 60 MIN	OT	97167	434	1 visit = 1 unit	No	No	Yes	
Occupational Therapy	n/a	97168	OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	OT	97168	434	1 visit = 1 unit	No	No	Yes	
Occupational Therapy	n/a	97168 RC434	OT RE-EVAL EST PLAN CARE	OT	97168	434	1 visit = 1 unit	No	No	Yes	
Occupational Therapy	97530	97530	THERAPEUTIC ACTIVITIES	OT	97530	430	1 visit = 1 unit	No	Yes	No	
Occupational Therapy	97530	97530 RC430	THERAPEUTIC ACTIVITIES	OT	97530	430	1 visit = 1 unit	No	Yes	No	
Occupational Therapy	97533	97533	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE ADAPTIVE RESPONSES TO ENVIRONMENTAL DEMANDS, DIRECT	OT	97533	430	1 visit = 1 unit	No	Yes	No	
Occupational Therapy	97533	97533 RC430	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE ADAPTIVE RESPONSES TO ENVIRONMENTAL DEMANDS, DIRECT	OT	97533	430	1 visit = 1 unit	No	Yes	No	

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Occupational Therapy	G0152	G0152	SRVC OT HOM HLTH/HOSPICE EA 15 MIN	OT	G0152	430	1 visit = 1 unit	No	Yes	No	
Occupational Therapy	G0152	G0152 RC430	SRVC OT HOM HLTH/HOSPICE EA 15 MIN	OT	G0152	430	1 visit = 1 unit	No	Yes	No	
Occupational Therapy	G0152	G0152 RC434	SRVC OT HOM HLTH/HOSPICE EA 15 MIN	OT	G0152	434	1 visit = 1 unit	No	Yes	No	G0152 requires Auth for CCH claims adjudication. Recommend providers consider alternate evaluation codes to send with Revenue Code 434 on Visit File to HHAX to ensure appropriate claims adjudication.
Occupational Therapy	G0158	G0158	SRVC OT ASSIST HH/HOSPICE EA 15 MIN	OT	G0158	430	1 visit = 1 unit	No	Yes	No	
Occupational Therapy	G0158	G0158 RC430	SRVC OT ASSIST HH/HOSPICE EA 15 MIN	OT	G0158	430	1 visit = 1 unit	No	Yes	No	
Occupational Therapy	G0158	G0158 RC434	SRVC OT ASSIST HH/HOSPICE EA 15 MIN	OT	G0158	434	1 visit = 1 unit	No	Yes	No	G0158 requires Auth for CCH claims adjudication. Recommend providers consider alternate evaluation codes to send with Revenue Code 434 on Visit File to HHAX to ensure appropriate claims adjudication.
Occupational Therapy	n/a	G0160	SRVC OT HH EST/DEL OT MP EA 15 MIN	OT	G0160	434	1 visit = 1 unit	No	No	Yes	
Occupational Therapy	n/a	G0160 RC430	SRVC OT HH EST/DEL OT MP EA 15 MIN	OT	G0160	430	1 visit = 1 unit	No	No	Yes	G0160 is an evaluation code for CCH. Recommend providers consider an alternate treatment code for OT to send with Revenue Code 430 on Visit File to HHAX to ensure appropriate claims adjudication.
Occupational Therapy	n/a	G0160 RC434	SRVC OT HH EST/DEL OT MP EA 15 MIN	OT	G0160	434	1 visit = 1 unit	No	No	Yes	
Occupational Therapy	G2169	G2169	SERVICES PRFRM BY OT ASST HH SETTING EA 15 MIN	OT	G2169	430	1 visit = 1 unit	No	Yes	No	
Occupational Therapy	G2169	G2169 RC430	SERVICES PRFRM BY OT ASST HH SETTING EA 15 MIN	OT	G2169	430	1 visit = 1 unit	No	Yes	No	

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Occupational Therapy	S9129	S9129	OCCUPATIONAL THERAPY HOME PER DIEM	OT	S9129	430	1 visit = 1 unit	No	Yes	No	
Occupational Therapy	S9129	S9129 RC430	OCCUPATIONAL THERAPY HOME PER DIEM	OT	S9129	430	1 visit = 1 unit	No	Yes	No	
Physical Therapy	97110	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS,	PT	97110	420	1 visit = 1 unit	No	Yes	No	
Physical Therapy	97110	97110 RC420	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS,	PT	97110	420	1 visit = 1 unit	No	Yes	No	
Physical Therapy	97116	97116	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (INCLUDES STAIR CLIMBING)	PT	97116	420	1 visit = 1 unit	No	Yes	No	
Physical Therapy	97116	97116 RC420	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (INCLUDES STAIR CLIMBING)	PT	97116	420	1 visit = 1 unit	No	Yes	No	
Physical Therapy	n/a	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	PT	97161	424	1 visit = 1 unit	No	No	Yes	
Physical Therapy	n/a	97161 RC424	PT EVAL LOW COMPLEX 20 MIN	PT	97161	424	1 visit = 1 unit	No	No	Yes	
Physical Therapy	n/a	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	PT	97162	424	1 visit = 1 unit	No	No	Yes	
Physical Therapy	n/a	97162 RC424	PT EVAL MOD COMPLEX 30 MIN	PT	97162	424	1 visit = 1 unit	No	No	Yes	
Physical Therapy	n/a	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	PT	97163	424	1 visit = 1 unit	No	No	Yes	
Physical Therapy	n/a	97163 RC424	PT EVAL HIGH COMPLEX 45 MIN	PT	97163	424	1 visit = 1 unit	No	No	Yes	
Physical Therapy	n/a	97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	PT	97164	424	1 visit = 1 unit	No	No	Yes	
Physical Therapy	n/a	97164 RC424	PT RE-EVAL EST PLAN CARE	PT	97164	424	1 visit = 1 unit	No	No	Yes	

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Physical Therapy	G0151	G0151	Physical Therapy	PT	G0151	420	1 visit = 1 unit	No	Yes	No	
Physical Therapy	G0151	G0151 RC420	Physical Therapy	PT	G0151	420	1 visit = 1 unit	No	Yes	No	
Physical Therapy	G0151	G0151 RC424	Physical Therapy	PT	G0151	424	1 visit = 1 unit	No	Yes	No	G0151 requires Auth for CCH claims adjudication. Recommend providers consider alternate evaluation codes to send with Revenue Code 424 on Visit File to HHAX to ensure appropriate claims adjudication.
Physical Therapy	G0157	G0157	PT assistant	PT	G0157	420	1 visit = 1 unit	No	Yes	No	
Physical Therapy	G0157	G0157 RC420	PT assistant	PT	G0157	420	1 visit = 1 unit	No	Yes	No	
Physical Therapy	n/a	G0159	SRVC PT HH EST/DEL PT MP EA 15 MINS	PT	G0159	424	1 visit = 1 unit	No	No	Yes	
Physical Therapy	n/a	G0159 RC420	PT establish or deliver safe and effective PT maintenance program	PT	G0159	420	1 visit = 1 unit	No	No	Yes	G0159 is an evaluation code for CCH. Recommend providers consider an alternate treatment code for PT to send with Revenue Code 420 on Visit File to HHAX to ensure appropriate claims adjudication.
Physical Therapy	n/a	G0159 RC424	SRVC PT HH EST/DEL PT MP EA 15 MINS	PT	G0159	424	1 visit = 1 unit	No	No	Yes	
Physical Therapy	G0283	G0283	E-STIM 1/>NOT WND CARE PART TX PLAN	PT	G0283	420	1 visit = 1 unit	No	Yes	No	
Physical Therapy	G0283	G0283 RC420	E-STIM 1/>NOT WND CARE PART TX PLAN	PT	G0283	420	1 visit = 1 unit	No	Yes	No	
Physical Therapy	G2168	G2168	Services performed by minutes	PT	G2168	420	1 visit = 1 unit	No	Yes	No	
Physical Therapy	G2168	G2168 RC420	Services performed by minutes	PT	G2168	420	1 visit = 1 unit	No	Yes	No	
Physical Therapy	S9131	S9131	PHYSICAL THERAPY HOME PER DIEM	PT	S9131	420	1 visit = 1 unit	No	Yes	No	
Physical Therapy	S9131	S9131 RC420	PHYSICAL THERAPY HOME PER DIEM	PT	S9131	420	1 visit = 1 unit	No	Yes	No	
Skilled Nursing	n/a	G0162	SKILLED SRVC RN MANDE POC EA 15 MINS	RN	G0162	550	1 visit = 1 unit	No	No	Yes	
Skilled Nursing	n/a	G0162 RC550	SKILLED SRVC RN MANDE POC EA 15 MINS	RN	G0162	550	1 visit = 1 unit	No	No	Yes	

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Skilled Nursing	G0299	G0299 RC550	Skilled Nursing	RN	G0299	550	1 visit = 1 unit	No	Yes	No	G0299 requires Auth for CCH claims adjudication. Recommend providers consider alternate evaluation codes to send with Revenue Code 550 on Visit File to HHAX to ensure appropriate claims adjudication.
Skilled Nursing	G0299	G0299 RC551	DIR SNS RN HH/HOSPICE SET EA 15 MIN	RN	G0299	551	1 visit = 1 unit	No	Yes	No	
Skilled Nursing	G0299	G0299 RC580	DIR SNS RN HH/HOSPICE SET EA 15 MIN	RN	G0299	580	1 visit = 1 unit	No	Yes	No	
Skilled Nursing	G0299	G0299 RC581	DIR SNS RN HH/HOSPICE SET EA 15 MIN	RN	G0299	581	1 visit = 1 unit	No	Yes	No	
Skilled Nursing	G0300	G0300 RC551	DIR SNS LPN HH/HOSPICE SET EA 15 MIN	LPN	G0300	551	1 visit = 1 unit	No	Yes	No	
Skilled Nursing	G0300	G0300 RC580	DIR SNS LPN HH/HOSPICE SET EA 15 MIN	LPN	G0300	580	1 visit = 1 unit	No	Yes	No	
Skilled Nursing	G0300	G0300 RC581	DIR SNS LPN HH/HOSPICE SET EA 15 MIN	LPN	G0300	581	1 visit = 1 unit	No	Yes	No	
Skilled Nursing	n/a	G0493	RN CARE EA 15 MIN HH/HOSPICE	RN	G0493	550	1 visit = 1 unit	No	No	Yes	
Skilled Nursing	n/a	G0493 RC550	RN CARE EA 15 MIN HH/HOSPICE	RN	G0493	550	1 visit = 1 unit	No	No	Yes	
Skilled Nursing	n/a	G0494	LPN CARE EA 15MIN HH/HOSPICE	LPN	G0494	550	1 visit = 1 unit	No	No	Yes	
Skilled Nursing	n/a	G0494 RC550	LPN CARE EA 15MIN HH/HOSPICE	LPN	G0494	550	1 visit = 1 unit	No	No	Yes	
Skilled Nursing	G0495	G0495	RN CARE TRAIN/EDU IN HH/HOSPICE	RN	G0495	551	1 visit = 1 unit	No	Yes	No	
Skilled Nursing	G0495	G0495 RC551	RN CARE TRAIN/EDU IN HH/HOSPICE	RN	G0495	551	1 visit = 1 unit	No	Yes	No	
Skilled Nursing	G0496	G0496	RN CARE TRAIN/EDU IN HH/HOSPICE	RN	G0496	551	1 visit = 1 unit	No	Yes	No	
Skilled Nursing	G0496	G0496 RC551	RN CARE TRAIN/EDU IN HH/HOSPICE	RN	G0496	551	1 visit = 1 unit	No	Yes	No	
Skilled Nursing	S9123	S9123	NRS CARE HOM REGISTERED NURSE-HOUR	RN	S9123	551	1 visit = 1 unit	No	Yes	No	
Skilled Nursing	S9123	S9123 RC551	NRS CARE HOM REGISTERED NURSE-HOUR	RN	S9123	551	1 visit = 1 unit	No	Yes	No	
Skilled Nursing	n/a	T1001	Skilled nursing: Initial assessment/re-assessment	RN	T1001	550	1 visit = 1 unit	No	No	Yes	
Skilled Nursing	n/a	T1001 RC550	NURSING ASSESSMENT/EVALUATION	RN	T1001	550	1 visit = 1 unit	No	No	Yes	

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Skilled Nursing	T1002	T1002	RN SERVICES UP TO 15 MINUTES	RN	T1002	551	1 visit = 1 unit	No	Yes	No	
Skilled Nursing	T1002	T1002 RC551	RN SERVICES UP TO 15 MINUTES	RN	T1002	551	1 visit = 1 unit	No	Yes	No	
Skilled Nursing	T1030	T1030 RC550	Skilled Nursing	RN	T1030	550	1 visit = 1 unit	No	Yes	No	T1030 requires Auth for CCH claims adjudication. Recommend providers consider alternate evaluation codes to send with Revenue Code 550 on Visit File to HHAX to ensure appropriate claims adjudication.
Skilled Nursing	T1030	T1030 RC551	Skilled nursing: Treatment, teaching/training, observation/evaluation	RN	T1030	551	1 visit = 1 unit	No	Yes	No	
Skilled Nursing	T1030	T1030 RC580	Skilled nursing: venipuncture	RN	T1030	580	1 visit = 1 unit	No	Yes	No	
Skilled Nursing	T1030	T1030 RC581	Skilled nursing: venipuncture	RN	T1030	581	1 visit = 1 unit	No	Yes	No	
Skilled Nursing	T1031	T1031 RC551	Skilled nursing: Treatment, teaching/training, observation/evaluation	LPN	T1031	551	1 visit = 1 unit	No	Yes	No	
Skilled Nursing	T1031	T1031 RC580	Skilled nursing: venipuncture	LPN	T1031	580	1 visit = 1 unit	No	Yes	No	
Skilled Nursing	T1031	T1031 RC581	Skilled nursing: Pre- filling insulin syringes/Medi- Planners	LPN	T1031	581	1 visit = 1 unit	No	Yes	No	
Speech Therapy	92507	92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	ST	92507	440	1 visit = 1 unit	No	Yes	No	
Speech Therapy	92507	92507 RC440	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	ST	92507	440	1 visit = 1 unit	No	Yes	No	

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Speech Therapy	n/a	92521	EVALUATION OF SPEECH FLUENCY	ST	92521	444	1 visit = 1 unit	No	No	Yes	
Speech Therapy	n/a	92521 RC444	EVALUATION OF SPEECH FLUENCY	ST	92521	444	1 visit = 1 unit	No	No	Yes	
Speech Therapy	n/a	92522	EVALUATE SPEECH PRODUCTION	ST	92522	444	1 visit = 1 unit	No	No	Yes	
Speech Therapy	n/a	92522 RC444	EVALUATE SPEECH PRODUCTION	ST	92522	444	1 visit = 1 unit	No	No	Yes	
Speech Therapy	n/a	92523	SPEECH SOUND LANG COMPREHEN	ST	92523	444	1 visit = 1 unit	No	No	Yes	
Speech Therapy	n/a	92523 RC444	SPEECH SOUND LANG COMPREHEN	ST	92523	444	1 visit = 1 unit	No	No	Yes	
Speech Therapy	G0153	G0153	SRVC SPCHANDLANG PATH HH/HOSPIC EA 15	ST	G0153	440	1 visit = 1 unit	No	Yes	No	
Speech Therapy	G0153	G0153 RC440	SRVC SPCHANDLANG PATH HH/HOSPIC EA 15	ST	G0153	440	1 visit = 1 unit	No	Yes	No	
Speech Therapy	G0153	G0153 RC444	SRVC SPCHANDLANG PATH HH/HOSPIC EA 15	ST	G0153	444	1 visit = 1 unit	No	Yes	No	G0153 requires Auth for CCH claims adjudication. Recommend providers consider alternate evaluation codes to send with Revenue Code 444 on Visit File to HHAX to ensure appropriate claims adjudication.
Speech Therapy	n/a	G0161	SRVC SLP HH EST/DEL SLP TX MP 15 MN	ST	G0161	444	1 visit = 1 unit	No	No	Yes	
Speech Therapy	n/a	G0161 RC440	SRVC SLP HH EST/DEL SLP TX MP 15 MN	ST	G0161	440	1 visit = 1 unit	No	No	Yes	G0161 is an evaluation code for CCH. Recommend providers consider an alternate treatment code for ST to send with Revenue Code 440 on Visit File to HHAX to ensure appropriate claims adjudication.
Speech Therapy	n/a	G0161 RC444	SRVC SLP HH EST/DEL SLP TX MP 15 MN	ST	G0161	444	1 visit = 1 unit	No	No	Yes	
Speech Therapy	S9128	S9128	SPEECH THERAPY IN THE HOME PER DIEM	ST	S9128	440	1 visit = 1 unit	No	Yes	No	
Speech Therapy	S9128	S9128 RC440	SPEECH THERAPY IN THE HOME PER DIEM	ST	S9128	440	1 visit = 1 unit	No	Yes	No	