



## Kalos Health Medicaid Managed Long Term Care Plan Common Billing Codes and Modifiers

### Personal Care/Nursing (All services require authorization)

Description	Code/Modifier	Unit Amount
Personal Care Services II	T1019 U1	15 Minutes
Personal Care Services II in an Assisted Living Residence	T1019 U3	15 Minutes
Personal Care Services II, mutual case, person number 2	T1019 U2	15 Minutes
RN Supervision of PCA's. 4 Units Allowable once every 90 days	G0162	15 Minutes
Home Health Aide (HHA)	S9122	1 Hour
Home Health Aide (HHA), mutual case, person number 2	S9125 U2	15 Minutes
RN Visit	S9123	Per Visit
LPN Visit	S9124	1 Hour

### CDPAS (All services require authorization)

Description	Code/Modifier	Unit Amount
CDPAS, Single Case	T1019 U6	15 Minutes
CDPAS, mutual case, person number 2	T101, U7	15 Minutes
CDPAS, Live-In	T1020 U6	Per Day



**Personal Emergency Response System (PERS)  
(All services require authorization)**

Description	Code/Modifier	Unit Amount
Installation	S5160	One-Time
Installation, Basic w/ Fall Detection	S5160 U1	One-Time
Installation, Cellular w/ Fall Detection	S5160 U2	One-Time
Installation, Cellular	S5160 U3	One-Time
Installation, Cellular w/ GPS	S5160 U4	One-Time
Installation, Cellular w/ Fall Detection w/ GPS	S5160 U5	One-Time
Basic Land Line	S5161	Per Month
Land Line w/ Fall Detection	S5161 U1	Per Month
Cellular	S5161 U3	Per Month
Cellular w/ Fall Detection	S5161 U2	Per Month
Cellular w/ GPS	S5161 U4	Per Month
Cellular w/ GPS w/ Fall Detection	S5161 U5	Per Month

**Meals (All services require authorization)**

Description	Code/Modifier	Unit Amount
Home Delivered Meal	S5170	1 Meal
Congregate Meal	T2025	1 Meal



**Day Programs (All services require authorization)**

Description	Code/Modifier	Unit Amount
Social Day	S5102	Full Day
Social Day w/ Shower	S5102 U1	Full Day
Social Day	S5101	Half Day
Social Day w/ Shower	S5101 U1	Half Day
Adult Medical Day	S5105	Full Day
Wheelchair Transportation to Program	A0130	One-Way
Taxi/Livery Transportation to Program	A0100	One-Way

**Vision (All services require authorization)**

Description	Code/Modifier	Unit Amount
Frames (1 Every 2 Years)	V2020	One-Time
Single Vision Lens (1 Every 2 Years)	V2100	One-Time
Bifocal Lens (1 Every 2 Years)	V2200	One-Time
Trifocal Lens (1 Every 2 Years)	V2321	One-Time
Annual Eye Exam	92002, 99203, 92004, 99205, 92012, 92014, 99212, 99213, 99214, 99215	One-Time
Annual Diabetic Eye Exam (New Patient)	99201	One-Time
Annual Diabetic Eye Exam (Established Patient)	99211	One-Time



**Audiology/Hearing (All services require authorization)**

Description	Code/Modifier	Unit Amount
Hearing Aid Evaluation	V5010	One-Time
Conformity Evaluation	V5020	One-Time
Ear Mold	V5264	One Device
Hearing Aid Repair/Modification	V5014	One-Time
Hearing Aid Device, In-The Ear (Monaural)	V5050	One-Time
Hearing Aid Device, Behind-The Ear (Monaural)	V5060	One-Time
Hearing Aid Device, In-The Ear (Binaural)	V5130	One-Time
Hearing Aid Device, Behind-The Ear (Binaural)	V5140	One-Time
Tympanometry	92550	One-Time
Pure Tone Audiometry- Air ON	92552	One-Time
Pure Tone Audiometry- Air AN	92553	One-Time
Speech Audiometry	92555	One-Time
Speech Audiometry w/ Speech	92556	One-Time
Comprehensive Audiometry Evaluation	92557	One-Time
Stenger Test	92565	One-Time
Visual Reinforcement Audiometry	92579	One-Time