

Outpatient Developmental Disability: ADULT Yearly Benefit Limits (Jan. - Dec.)

Code	Mod 1	Mod 2	Mod 3	Mod 4	Service Description	Units of Service	Daily Max	EOB required if units are exhausted
T1015	U6	UA			Adult Habilitative Services (ADDT)	Unit=60 Minutes	5 Units	1820 Units
T1023	U6				UA Diagnosis and Evaluation Services within (ADDT) (not to be billed for therapy evaluations)	Unit=60 Minutes	1 Unit	1 encounter per year
T1002	U6	UB			Nursing Services by RN within (ADDT)	Unit=15 Minutes	4 Units	N/A
T1003	U6	UB			Nursing Services by LPN within (ADDT)	Unit=15 Minutes	5 Units	N/A
96112	U6	UC			Annual Developmental Evaluation and Treatment Plan Development, First Hour	Unit=60 Minutes	n/a	1 Unit
99113	U6	UC			Annual Developmental Evaluation and Treatment Plan Development, Additional 30 Minutes	Unit=30 Minutes	n/a	2 Units

Outpatient Developmental Disability: Children Yearly Benefit Limits

Code	Mod 1	Mod 2	Mod 3	Mod 4	Service Description	Units of Service	Daily Max	EOB required if units are exhausted
T1015	U6	UB			Habilitative Services (0-6) EIDT	Unit=60 Minutes	5 Units (Up to 5 days per week)	1820 Units
T1015	U6	UC			Habilitative Services (6-21) EIDT	Unit=60 Minutes	5 Units (Up to 5 days per week)	1820 Units
T1002	U6				Nursing Services by RN within (EIDT)	Unit=15 Minutes	5 Units	N/A
T1003	U6				Nursing Services by LPN within (EIDT)	Unit=15 Minutes	5 Units	N/A
96112	U6	UC			Annual Developmental Evaluation and Treatment Plan Development, First Hour	Unit=60 Minutes	n/a	1 Unit
99113	U6	UC			Annual Developmental Evaluation and Treatment Plan Development, Additional 30 Minutes	Unit=30 Minutes	n/a	2 Units

Implement Date: 3-13-20