

**ADULT CYSTIC FIBROSIS WAIVER  
SERVICE PROCEDURE CODES AND FEES  
Effective March 2007**

CODE	MODIFIER	DESCRIPTION OF SERVICE	UNIT	MAXIMUM FEE	MAXIMUM LIMITS
99203	U1	Acupuncture Initial Evaluation	¼ hour	19.00	8 units per year
97813	U1	Acupuncture Regular (elec)	initial ¼ hr	19.00	16 units per month
97814	U1	Acupuncture Regular (elec)	subse ¼ h r	19.00	48 units per month
97810	U1	Acupuncture Regular (non elec)	initial ¼ hr	19.00	16 units per month
97811	U1	Acupuncture Regular (non elec)	subse ¼ hr	19.00	48 units per month
T1016	U1	Case Management	month	150.00	1 per month
S5120	U1	Chore Services	¼ hour	4.00	16 units per day
96152	U1	Counseling	¼ hour	12.50	8 units per day
D1110	U1	Adult Dental Services	visit	variable	Not to exceed \$5000.00/yr
S9451	U1	Exercise Therapy (Session)	session	50.00	10 per year
S9970	U1	Exercise Therapy (Membership)	month	50.00	1 per month
S5130	U1	Homemaker Services	¼ hour	4.00	24 units per day
97124	U1	Massage Therapy	¼ hour	12.50	8 units per day
S9452	U1	Nutritional Consultation	session	100.00	4 per year
T1004	U1	Personal Care	¼ hour	5.00	16 units per day
S5160	U1	Personal Emergency Response (Initial Installation)	item	250.00	1 unit per year
S5161	U1	Personal Emergency Response Services	month	40.00	1 unit per month
97001	U1	Physical Therapy (Initial)	evaluation	140.00	4 per year
97110	U1	Physical Therapy (Regular)	¼ hour	17.50	8 units per day
J8499	U1	Prescribed Drugs	item	variable	Not to exceed \$6000.00/yr
S5180	U1	Respiratory Therapy (Initial)	session	140.00	4 units per year
99503	U1	Respiratory Therapy (Regular)	¼ hour	17.50	8 units per day
S5150	U1	Respite Care	¼ hour	3.50	2880 units/yr
G0154	U1	Skilled Nursing	¼ hour	10.00	12 units per day
T1999	U1	Specialized Medical Equipment & Supplies	item	variable	Not to exceed \$6000.00/yr
A0425	U1	Transportation	mile	2.00	200 units per year
A9150	U1	Nutritional supplements	item	variable	Not to exceed \$300/mo