

Georgia NOW/COMP Program Code Description

Revised June 2023* (DBHDD Effective 7/1/22) DCI EFFECTIVE 7/1/22; SOME COMP SERVICE END PD OPTION 2/28/23
(Annual limits as authorized in the PA, up to the maximums noted below)

Service Code	Service Description	Billing Code	Unit Description	Medicaid Program Limits
OTT	Adult OT Therapeutic Services	97530-GO/UC	15 minutes	Maximum rate per unit = \$30.23 6 units per day Annual limit for all therapies \$5,783.40
OTL	Adult OT Evaluation – Low Complexity	97165-UC	One evaluation	Maximum rate per unit = \$71.98 Limit = one evaluation per year Annual limit for all therapies \$5,783.40.
OTM	Adult OT Evaluation – Moderate Complexity	97166-UC	One evaluation	Maximum rate per unit = \$71.98 Limit = one evaluation per year Annual limit for all therapies \$5,783.40.
OTH	Adult OT Evaluation – High Complexity	97167-UC	One evaluation	Maximum rate per unit = \$71.98 Limit = one evaluation per year Annual limit for all therapies \$5,783.40.
OTR	Adult OT Re-Evaluation	97168-UC	One evaluation	Maximum rate per unit = \$47.55 Limit = one evaluation every 180 days (2/yr) Annual limit for all therapies \$5,783.40
OTS	Adult OT Sensory Integrative Techniques	97533-GO/UC	15 minutes	Maximum rate per unit = \$26.19 4 units per day Annual limit for all therapies \$5,783.40
OFT	Adult Orthotic & Prosthetic Fitting & Training	97760-GO/UC	15 minutes	Maximum rate per unit = \$29.33 6 units per day Annual limit for all therapies \$5,783.40
PRT	Prosthetic Training	97761-GO/UC	15 minutes	Maximum rate per unit = \$26.75 6 units per day Annual limit for all therapies \$5,783.40
OPC	Orthotic and Prosthetic Check Out	97763-GO/UC	15 minutes	Maximum rate per unit = \$25.05 6 units per day Annual limit for all therapies \$5,783.40
PTL	Adult PT Evaluation – Low Complexity	97161-GP/UC	One evaluation	Maximum rate per unit = \$74.27 Limit = one evaluation per year Annual limit for all therapies \$5,783.40

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Service Code	Service Description	Billing Code	Unit Description	Medicaid Program Limits
PTM	Adult PT Evaluation – Moderate Complexity	97162-GP/UC	One evaluation	Maximum rate per unit = \$74.27 Limit = one evaluation per year Annual limit for all therapies \$5,783.40
PTH	Adult PT Evaluation – High Complexity	97163-GP/UC	One evaluation	Maximum rate per unit = \$74.27 Limit = one evaluation per year Annual limit for all therapies \$5,783.40
PTR	Adult PT Re-Evaluation	97164-GP/UC	One evaluation	Maximum rate per unit = \$50.49 Limit = one evaluation every 180 days (2/yr) Annual limit for all therapies \$5,783.40
PTT	Adult PT Therapeutic Procedure	97110/UC	15 minutes	Maximum rate per unit = \$27.75 Limit = 6 units per day Annual limit for all therapies \$5,783.40
NMR	Neuro-Muscular Re-Education	97112-GO/UC	15 minutes	Maximum rate per unit = \$28.99 Limit = 4 units per day Annual limit for all therapies \$5,783.40
SLE	Adult Speech and Language - Evaluation	92523-UC	One evaluation	Maximum rate per unit = \$175.44 Limit = one evaluation every 180 days (2/yr) Annual limit for all therapies \$5,783.40
SLT	Adult Speech and Language Therapy	92507-GN/UC	One visit	Maximum rate per unit = \$66.97 1 session per day Annual limit for all therapies \$5,783.40
SGE	Adult Speech Generating Device Evaluation	92607-UC	One evaluation	Maximum rate per unit = \$117.03 Limit = one evaluation every 180 days (2/yr) Annual limit for all therapies \$5,783.40
SGD	Adult Speech –Generating Device Therapy	92609-UC	One visit	Maximum rate per unit = \$58.64 1 session per day Annual limit for all therapies \$5,783.40
SFT	Adult Swallowing / Feeding Therapy	92526-UC	One visit	Maximum rate per unit = \$47.83 1 session per day Annual limit for all therapies \$5,783.40
SFE	Adult Swallowing / Feeding Evaluation	92610-UC	One evaluation	Maximum rate per unit = \$125.89 Limit = one evaluation every 180 days (2/yr) Annual limit for all therapies \$5,783.40

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Service Code	Service Description	Billing Code	Unit Description	Medicaid Program Limits
BS2	Behavioral Supports Services - Level 2	H2019-UB/UC	\$1=1 unit	No Annual Limit – NOW ONLY
BS1	Behavioral Supports Services - Level 1	H2019-UA/UC	\$1=1 unit	No Annual Limit – NOW ONLY
CAG	Community Access Group	T2025-HQ/UC	\$1=1 unit	Annual limit of \$21,024.00
CAI	Community Access Individual	T2025-UB/UC	\$1=1 unit	Annual limit of \$12,571.00
CGS	Community Guide Services	H2015-UC	\$1=1 unit	Annual limit of \$2,143.00 – NOW ONLY
CLB	Community Living Support - Basic	T2025-U5-UC	\$1=1 unit	Annual limit for NOW CLS = \$47,122.00. Annual limit for COMP CLS = \$60,436.00.
CLE	Community Living Support - Extended	T2025-U4-UC	\$1=1 unit	Annual limit for NOW CLS = \$47,122.00. Annual limit for COMP CLS = \$60,436.00.
CB2	Community Living Support – Basic – 2 Persons	T2025-U5-UN-UC	\$1=1 unit	Annual limit for NOW CLS = \$47,122.00. Annual limit for COMP CLS = \$60,436.00.
CE2	Community Living Support – Extended – 2 Persons	T2025-U4-UN-UC	\$1=1 unit	Annual limit for NOW CLS = \$47,122.00. Annual limit for COMP CLS = \$60,436.00.
CB3	Community Living Support – Basic – 3 Persons	T2025-U5-UP-UC	\$1=1 unit	Annual limit for NOW CLS = \$47,122.00. Annual limit for COMP CLS = \$60,436.00.
CE3	Community Living Support – Extended – 3 Persons	T2025-U4-UP-UC	\$1=1 unit	Annual limit for NOW CLS = \$47,122.00. Annual limit for COMP CLS = \$60,436.00.
PAR	Personal Assistance Retainer	T2025-U5-CG-UC	\$1=1 unit	Annual limit for NOW CLS = \$47,122.00. Annual limit for COMP CLS = \$60,436.00.
EAA	Environmental Accessibility Adaptation	S5165-UC	Per Invoice	Rate is the lowest of three price quotes. Lifetime limit = \$11,138.00
GNS	Individual Directed Goods and Services	T2025 –U7/UC	\$1=1 unit	Annual limit = \$1,606.00
NST	Natural Support Training Services	T2025-UD/UC	\$1=1 unit	Annual limit = \$1,914.00 – NOW ONLY
RSH	Respite Services – Hourly	S5150-UC	\$1=1 unit	Annual limit = \$4,935.00 (CAT1)/ \$6,731.00 (CAT2)
RS2	Respite Services – 2 Persons	S5150-UN-UC	\$1=1 unit	Annual limit = \$4,935.00 (CAT1)/ \$6,731.00 (CAT2)

The information contained in this chart was pulled from the Program Manual located at [https://www.mmis.georgia.gov/portal/PubAccess.Provider Information/Provider Manuals](https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals). Updates to this chart will not be provided by Acumen. It is the responsibility of the employer to read and monitor the program rules for updates as provided by the State of Georgia. UPDATED 6/20/23

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RS3	Respite Services – 3 Persons	S5150-UP-UC	\$1=1 unit	Annual limit = \$4,935.00 (CAT1)/ \$6,731.00 (CAT2)
RO1	Respite – Out of Home – Category 1	S5150 – U1-UC	\$1=1 unit	Annual Limit = \$4,935.00
RO2	Respite – Out of Home – Category 2	S5150-U3-UC	\$1=1 unit	Annual Limit = \$6,731.00
RD1	Respite Daily – Category 1	S5151-UJ-UC	One Day (7.5 hours in one day) or overnight shift	Maximum rate per unit = \$164.52 (Max pay rate of \$139.03/day) Annual limit = \$4,935.60 Annual limit = 30 units
RD2	Respite Daily – Category 2	S5151-U1-UJ-UC	One Day (7.5 hours in one day) or overnight shift	Maximum rate per unit = \$224.39 (Max pay rate of \$189.63/day) Annual limit = \$6,731.70 Annual limit = 30 units
SME	Specialized Medical Equipment	T2029-UC	\$1=1 unit	Annual limit = \$5,569.00 Lifetime limit = \$13,474.76
SMS	Specialized Medical Supplies	T2028-UC	\$1= unit	Annual limit = \$4,069.00
SEG	Supported Employment Services Group	T2019–HQ/UC	\$1=1 unit	NOW Annual limit = \$19,123.00
SEI	Supported Employment Services Individual	T2019-UB/UC	\$1=1 unit	NOW Annual limit = \$19,123.00
TET	Transportation Services Encounter/Trip	T2003-UC	\$1=1 unit	Annual limit for all transportation of \$2,994.00
TCC	Transportation Commercial Carrier, Multi-Pass	T2004-UC	\$1=1 unit	Annual limit for all transportation of \$2,994.00
VAS	Vehicle Adaptation Services	T2039-UC	\$1=1 unit	Lifetime maximum of \$6,683.00

**See Part III of the Policies & Procedures for COMP Waiver for full descriptions.*

***See Acumen’s “Show Me the Money” form for details on the Employer Burden (Cost to You)*