

## Georgia NOW Program Code Description

Updated July 2021\*

*(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 <b>OT</b> Therapeutic Services	97530-GO/UC	15 minutes	Maximum rate per unit = \$28.23 6 units per day Annual limit for all therapies = \$5400.
OTL	Adult <b>OT</b> Evaluation – Low Complexity	97165-UC	One evaluation	Maximum rate per unit = \$67.21 Limit = one evaluation per year Annual limit for all therapies = \$5400.
OTM	Adult <b>OT</b> Evaluation – Moderate Complexity	97166-UC	One evaluation	Maximum rate per unit = \$67.21 Limit = one evaluation per year Annual limit for all therapies \$5400.
OTH	Adult <b>OT</b> Evaluation – High Complexity	97167-UC	One evaluation	Maximum rate per unit = \$67.21 Limit = one evaluation per year Annual limit for all therapies \$5400.
OTR	Adult <b>OT</b> Re-Evaluation	97168-UC	One evaluation	Maximum rate per unit = \$44.40 Limit = one evaluation every 180 days (2/yr) Annual limit for all therapies \$5400.
OTS	Adult <b>OT</b> Sensory Integrative Techniques	97533-GO/UC	15 minutes	Maximum rate per unit = \$24.46 4 units per day Annual limit for all therapies \$5400.
OFT	Adult <b>Orthotic &amp; Prosthetic Fitting &amp; Training</b>	97760-GO/UC	15 minutes	Maximum rate per unit = \$27.38 6 units per day Annual limit for all therapies \$5400.
PRT	<b>Prosthetic Training</b>	97761-GO/UC	15 minutes	Maximum rate per unit = \$24.98 6 units per day Annual limit for all therapies \$5400.
OPC	<b>Orthotic and Prosthetic Check Out</b>	97763-GO/UC	15 minutes	Maximum rate per unit = \$23.39 6 units per day Annual limit for all therapies \$5400.

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Service Code	Service Description	Billing Code	Unit Description	Medicaid Program Limits
PTT	Adult <b>PT</b> Therapeutic Procedure	97110-UC	15 minutes	Maximum rate per unit = \$25.91 6 units per day Annual limit for all therapies \$5400.
PTL	Adult <b>PT</b> Evaluation – Low Complexity	97161-GP/UC	One evaluation	Maximum rate per unit = \$69.34 Limit = one evaluation per year Annual limit for all therapies \$5400.
PTM	Adult <b>PT</b> Evaluation – Moderate Complexity	97162-GP/UC	One evaluation	Maximum rate per unit = \$69.34 Limit = one evaluation per year Annual limit for all therapies \$5400.
PTH	Adult <b>PT</b> Evaluation – High Complexity	97163-GP/UC	One evaluation	Maximum rate per unit = \$69.34 Limit = one evaluation per year Annual limit for all therapies \$5400.
PTR	Adult <b>PT</b> Re-Evaluation	97164-GP/UC	One evaluation	Maximum rate per unit = \$47.14 Limit = one evaluation every 180 days (2/yr) Annual limit for all therapies \$5400.
NMR	<b>Neuro-Muscular Re-Education</b>	97112-GO/UC	15 minutes	Maximum rate per unit = \$27.07 4 units per day Annual limit for all therapies \$5400.
SLE	Adult <b>Speech and Language - Evaluation</b>	92523-UC	One evaluation	Maximum rate per unit = \$163.81 Limit = one evaluation every 180 days (2/yr) Annual limit for all therapies \$5400.
SLT	Adult <b>Speech and Language Therapy</b>	92507-GN/UC	One visit	Maximum rate per unit = \$62.53 1 session per day Annual limit for all therapies \$5400.
SGE	Adult <b>Speech Generating Device Evaluation</b>	92607-UC	One evaluation	Maximum rate per unit = \$109.28 Limit = one evaluation every 180 days (2/yr) Annual limit for all therapies \$5400.
SGD	Adult <b>Speech –Generating Device Therapy</b>	92609-UC	One visit	Maximum rate per unit = \$54.75 1 session per day Annual limit for all therapies \$5400.

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SFT	Adult Swallowing / Feeding Therapy	92526-UC	One visit	Maximum rate per unit = \$44.66 1 session per day Annual limit for all therapies \$5400.
SFE	Adult Swallowing / Feeding Evaluation	92610-UC	One evaluation	Maximum rate per unit = \$117.54 Limit = one evaluation every 180 days (2/yr) Annual limit for all therapies \$5400.
BS2	Behavioral Supports Services - Level 2	H2019-UB/UC	\$1=1 unit	No Annual Limit
BS1	Behavioral Supports Services - Level 1	H2019-UA/UC	\$1=1 unit	No Annual Limit
CAG	Community Access Group	T2025-HQ/UC	\$1=1 unit	Annual limit of \$17856.
CAI	Community Access Individual	T2025-UB/UC	\$1=1 unit	Annual limit of \$10670.
CGS	Community Guide Services	H2015-UC	\$1=1 unit	Annual limit of \$2000.
CLB	Community Living Support - Basic	T2025-U5-UC	\$1=1 unit	Annual limit for all CLS = \$39999.
CLE	Community Living Support - Extended	T2025-U4-UC	\$1=1 unit	Annual limit for all CLS = \$39999.
CB2	Community Living Support – Basic – 2 Persons	T2025-U5-UN-UC	\$1=1 unit	Annual limit for all CLS = \$39999.
CE2	Community Living Support – Extended – 2 Persons	T2025-U4-UN-UC	\$1=1 unit	Annual limit for all CLS = \$39999.
CB3	Community Living Support – Basic – 3 Persons	T2025-U5-UP-UC	\$1=1 unit	Annual limit for all CLS = \$39999.
CE3	Community Living Support – Extended – 3 Persons	T2025-U4-UP-UC	\$1=1 unit	Annual limit for all CLS = \$39999.
PAR	Personal Assistance Retainer	T2025-U5-CG-UC	\$1=1 unit	Annual limit for all CLS = \$39999.
EAA	Environmental Accessibility Adaptation	S5165-UC	Per Invoice	Rate is the lowest of three price quotes. Lifetime limit = \$10,400
GNS	Individual Directed Goods and Services	T2025 –U7/UC	\$1=1 unit	Annual limit = \$1500

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.

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NST	Natural Support Training Services	T2025-UD/UC	\$1=1 unit	Annual limit = \$1787
RSH	Respite Services – Hourly	S5150-UC	\$1=1 unit	Annual limit = \$6285
RS2	Respite Services – 2 Persons	S5150-UN-UC	\$1=1 unit	Annual limit = \$6285
RS3	Respite Services – 3 Persons	S5150-UP-UC	\$1=1 unit	Annual limit = \$6285
RD1	Respite Daily – Category 1	S5151-UJ-UC	One Day or overnight shift	Maximum rate per unit = \$153.61 (Max pay rate of \$129.81/day) Annual limit = \$4608 Annual limit = 30 units
RD2	Respite Daily – Category 2	S5151-U1-UJ-UC	One Day or overnight shift	Maximum rate per unit = \$209.51 (Max pay rate of \$177.05/day) Annual limit = \$6285 Annual limit = 30 units
SME	Specialized Medical Equipment	T2029-UC	\$1=1 unit	Annual limit = \$5200 Lifetime limit = \$13474.76
SMS	Specialized Medical Supplies	T2028-UC	\$1= unit	Annual limit = \$3800
SEG	Supported Employment Services Group	T2019-HQ/UC	\$1=1 unit	Annual limit = \$10454 for Supported Employment Individual and Group Combined
SEI	Supported Employment Services Individual	T2019-UB/UC	\$1=1 unit	Annual limit = \$10454 for Supported Employment Individual and Group Combined
TET	Transportation Services Encounter/Trip	T2003-UC	\$1=1 unit	Annual limit for all transportation of \$2797.
TCC	Transportation Commercial Carrier, Multi-Pass	T2004-UC	\$1=1 unit	Annual limit for all transportation of \$2797.
VAS	Vehicle Adaptation Services	T2039-UC	\$1=1 unit	Lifetime maximum of \$6240

*\*See Part III of the Policies & Procedures for NOW for full descriptions.*

*\*\*See Acumen's "Show Me the Money" form for details on the Employer Burden (Cost to You)*