

**Georgia NOW/COMP Program Code Description**  
**Revised October 2025\* (DBHDD Effective 7/1/24) DCI EFFECTIVE 7/1/24**  
*(Annual limits as authorized in the PA, up to the maximums noted below)*

<b>Service Code</b>	<b>Service Description</b>	<b>Billing Code</b>	<b>Unit Description</b>	<b>Medicaid Program Limits</b>
OTT	Adult <b>OT</b> Therapeutic Services	97530-GO/UC	15 minutes	Maximum rate per unit = \$30.23 6 units per day Annual limit for all therapies \$10,800
OTL	Adult <b>OT</b> Evaluation – Low Complexity	97165-UC	One evaluation	Maximum rate per unit = \$71.98 Limit = one evaluation per year Annual limit for all therapies \$10,800
OTM	Adult <b>OT</b> Evaluation – Moderate Complexity	97166-UC	One evaluation	Maximum rate per unit = \$71.98 Limit = one evaluation per year Annual limit for all therapies \$10,800
OTH	Adult <b>OT</b> Evaluation – High Complexity	97167-UC	One evaluation	Maximum rate per unit = \$71.98 Limit = one evaluation per year Annual limit for all therapies \$10,800
OTR	Adult <b>OT</b> 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 \$10,800
OTS	Adult <b>OT</b> Sensory Integrative Techniques	97533-GO/UC	15 minutes	Maximum rate per unit = \$26.19 4 units per day Annual limit for all therapies \$10,800
OFT	Adult <b>Orthotic &amp; Prosthetic Fitting &amp; Training</b>	97760-GO/UC	15 minutes	Maximum rate per unit = \$29.33 6 units per day Annual limit for all therapies \$10,800
PRT	<b>Prosthetic Training</b>	97761-GO/UC	15 minutes	Maximum rate per unit = \$26.75 6 units per day Annual limit for all therapies \$10,800
OPC	<b>Orthotic and Prosthetic Check Out</b>	97763-GO/UC	15 minutes	Maximum rate per unit = \$25.05 6 units per day Annual limit for all therapies \$10,800
PTL	Adult <b>PT</b> Evaluation – Low Complexity	97161-GP/UC	One evaluation	Maximum rate per unit = \$74.27 Limit = one evaluation per year Annual limit for all therapies \$10,800

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PTM	Adult <b>PT</b> Evaluation – <b>Moderate Complexity</b>	97162-GP/UC	One evaluation	Maximum rate per unit = \$74.27 Limit = one evaluation per year Annual limit for all therapies \$10,800
PTH	Adult <b>PT</b> Evaluation – <b>High Complexity</b>	97163-GP/UC	One evaluation	Maximum rate per unit = \$74.27 Limit = one evaluation per year Annual limit for all therapies \$10,800
PTR	Adult <b>PT</b> 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 \$10,800
PTT	Adult <b>PT</b> Therapeutic Procedure	97110/UC	15 minutes	Maximum rate per unit = \$27.75 Limit = 6 units per day Annual limit for all therapies \$10,800
NMR	<b>Neuro-Muscular Re-Education</b>	97112-GO/UC	15 minutes	Maximum rate per unit = \$28.99 Limit = 4 units per day Annual limit for all therapies \$10,800
SLE	Adult <b>Speech and Language - Evaluation</b>	92523-UC	One evaluation	Maximum rate per unit = \$175.44 Limit = one evaluation every 180 days (2/yr) Annual limit for all therapies \$10,800
SLT	Adult <b>Speech and Language Therapy</b>	92507-GN/UC	One visit	Maximum rate per unit = \$66.97 1 session per day Annual limit for all therapies \$10,800
SGE	Adult <b>Speech Generating Device Evaluation</b>	92607-UC	One evaluation	Maximum rate per unit = \$117.03 Limit = one evaluation every 180 days (2/yr) Annual limit for all therapies \$10,800
SGD	Adult <b>Speech –Generating Device Therapy</b>	92609-UC	One visit	Maximum rate per unit = \$58.64 1 session per day Annual limit for all therapies \$10,800
SFT	Adult <b>Swallowing / Feeding Therapy</b>	92526-UC	One visit	Maximum rate per unit = \$47.83 1 session per day Annual limit for all therapies \$10,800
SFE	Adult <b>Swallowing / Feeding Evaluation</b>	92610-UC	One evaluation	Maximum rate per unit = \$125.89 Limit = one evaluation every 180 days (2/yr) Annual limit for all therapies \$10,800

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 10/08/25

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BS2	<b>Behavioral Supports Services - Level 2</b>	H2019-UB/UC	\$1=1 unit	No Annual Limit – <b>NOW ONLY</b>
BS1	<b>Behavioral Supports Services - Level 1</b>	H2019-UA/UC	\$1=1 unit	No Annual Limit – <b>NOW ONLY</b>
CAG	<b>Community Access Group</b>	T2025-HQ/UC	\$1=1 unit	Annual limit of \$21,900.00
CAI	<b>Community Access Individual</b>	T2025-UB/UC	\$1=1 unit	Annual limit of \$15,192.00
CGS	<b>Community Guide Services</b>	H2015-UC	\$1=1 unit	Annual limit of \$2,143.00 – <b>NOW ONLY</b>
CLB	<b>Community Living Support – Basic (2.99 hours or less)</b>	T2025-U5-UC	\$1=1 unit	Annual limit for NOW CLS = \$65,000.00 Annual limit for COMP CLS = \$83,520.00
CLE	<b>Community Living Support – Extended (3 hours or more)</b>	T2025-U4-UC	\$1=1 unit	Annual limit for NOW CLS = \$65,000.00 Annual limit for COMP CLS = \$83,520.00
CB2	<b>Community Living Support – Basic – 2 Persons (2.99 hours or less)</b>	T2025-U5-UN-UC	\$1=1 unit	Annual limit for NOW CLS = \$65,000.00 Annual limit for COMP CLS = \$83,520.00
CE2	<b>Community Living Support – Extended – 2 Persons (3 hours or more)</b>	T2025-U4-UN-UC	\$1=1 unit	Annual limit for NOW CLS = \$65,000.00 Annual limit for COMP CLS = \$83,520.00
CB3	<b>Community Living Support – Basic – 3 Persons (2.99 hours or less)</b>	T2025-U5-UP-UC	\$1=1 unit	Annual limit for NOW CLS = \$65,000.00 Annual limit for COMP CLS = \$83,520.00
CE3	<b>Community Living Support – Extended – 3 Persons (3 hours or more)</b>	T2025-U4-UP-UC	\$1=1 unit	Annual limit for NOW CLS = \$65,000.00 Annual limit for COMP CLS = \$83,520.00
PAR	<b>Personal Assistance Retainer (Not allowed for family hires)</b>	T2025-U5-CG-UC	\$1=1 unit	Annual limit for NOW CLS = \$65,000.00 Annual limit for COMP CLS = \$83,520.00
EAA	<b>Environmental Accessibility Adaptation</b>	S5165-UC	Per Invoice	\$15,000.00 (Every 5 years)
GNS	<b>Individual Directed Goods and Services</b>	T2025 –U7/UC	\$1=1 unit	Annual limit = \$1,606.00
NST	<b>Natural Support Training Services</b>	T2025-UD/UC	\$1=1 unit	Annual limit = \$1,914.00 – <b>NOW ONLY</b>

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RS1	Respite Services – Hourly (7.49 hours or less and cannot be used on the same day as Respite Daily)	S5150-UC	\$1=1 unit	Annual limit = \$5,541.00 (CAT1)/ \$7,468.00 (CAT2)
RS2	Respite Services – 2 Persons (7.49 hours or less and cannot be used on the same day as Respite Daily)	S5150-UN-UC	\$1=1 unit	Annual limit = \$5,541.00 (CAT1)/ \$7,468.00 (CAT2)
RS3	Respite Services – 3 Persons (7.49 hours or less and cannot be used on the same day as Respite Daily)	S5150-UP-UC	\$1=1 unit	Annual limit = \$5,541.00 (CAT1)/ \$7,468.00 (CAT2)
RO1	Respite – Out of Home – Category 1 (7.49 hours or less and cannot be used on the same day as Respite Daily)	S5150 – U1-UC	\$1=1 unit	Annual Limit = \$5,541.00
RO2	Respite – Out of Home – Category 2 (7.49 hours or less and cannot be used on the same day as Respite Daily)	S5150-U3-UC	\$1=1 unit	Annual Limit = \$7,468.00
RD1	Respite Daily – Category 1 (7.5 hours or more and cannot be used on the same day as Respite Hourly)	S5151-UJ-UC	One Day (7.5 hours in one day) or overnight shift	Maximum rate per unit = \$184.72 (Max pay rate of \$156.10/day) Annual limit = \$5,541.00 Annual limit = 30 units
RD2	Respite Daily – Category 2 (7.5 hours or more and cannot be used on the same day as Respite Hourly)	S5151-U1-UJ-UC	One Day (7.5 hours in one day) or overnight shift	Maximum rate per unit = \$248.94 (Max pay rate of \$210.37/day) Annual limit = \$7,468.00 Annual limit = 30 units
SME	Specialized Medical Equipment	T2029-UC	\$1=1 unit	Annual limit = \$5,569.00
SMS	Specialized Medical Supplies	T2028-UC	\$1= unit	Annual limit = \$4,069.00
SEG	Supported Employment Services Group	T2019–HQ/UC	\$1=1 unit	Annual limit = \$21,686.00 (combined SEG and SEI)
SEI	Supported Employment Services Individual	T2019-UB/UC	\$1=1 unit	Annual limit = \$21,686.00 (combined SEG and SEI)

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TET	Transportation Services Encounter/Trip	T2003-UC	\$1=1 unit	Annual limit for all transportation of \$2,995.00
TCC	Transportation Commercial Carrier, Multi-Pass	T2004-UC	\$1=1 unit	Annual limit for all transportation of \$2,995.00
VAS	Vehicle Adaptation Services	T2039-UC	\$1=1 unit	\$15,000.00 (every 5 years)