Georgia NOW/COMP Program Code Description

***Revised October 2026* (DBHDD Effective 9/1/26) DCI EFFECTIVE 9/1/26**

(Annual limits as authorized in the PA, up to the maximums noted below)

******All Vendor Invoices must reflect the Billing Code (CPT) listed below******

Service Code	Service Description	Billing Code	Unit Description	Medicaid Program Limits
OT1	Occupational Therapy	97530-GO-U1-UC	15 minutes	Maximum rate per unit = $30.23 6 units per day/one evaluation per year/one reevaluation every 180 days (2/yr) Annual limit for all therapies combined $10,800
PT1	Physical Therapy	97110-U1-UC	15 minutes	Maximum rate per unit = $30.23 6 units per day/one evaluation per year/one reevaluation every 180 days (2/yr) Annual limit for all therapies combined $10,800
SLE	Adult **S**peech and **L**anguage - **E**valuation	92523-UC	One evaluation	Maximum rate per unit = $175.44 Limit = one evaluation every 180 days (2/yr) Annual limit for all therapies combined $10,800
SLT	Adult **S**peech and **L**anguage **T**herapy	92507-GN/UC	One visit	Maximum rate per unit = $66.97 1 session per day Annual limit for all therapies combined $10,800
SGE	Adult **S**peech **G**enerating Device **E**valuation	92607-UC	One evaluation	Maximum rate per unit = $117.03 Limit = one evaluation every 180 days (2/yr) Annual limit for all therapies combined $10,800
SGD	Adult **S**peech –**G**enerating **D**evice Therapy	92609-UC	One visit	Maximum rate per unit = $58.64 1 session per day Annual limit for all therapies combined $10,800
SFT	Adult **S**wallowing / **F**eeding **T**herapy	92526-UC	One visit	Maximum rate per unit = $47.83 1 session per day Annual limit for all therapies combined $10,800
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 combined $10,800

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Service Code	Service Description	Billing Code	Unit Description	Medicaid Program Limits
BS2	**B**ehavioral **S**upports **S**ervices - Level 2	H2019-UB/UC	$1=1 unit	No Annual Limit – **NOW ONLY**
BS1	**B**ehavioral **S**upports **S**ervices - Level 1	H2019-UA/UC	$1=1 unit	No Annual Limit – **NOW ONLY**
CAG	**C**ommunity **A**ccess **G**roup	T2025-HQ/UC	$1=1 unit	Annual limit of $21,900.00 **Max PD Family Employee Pay Rate $12.33**
CAI	**C**ommunity **A**ccess **I**ndividual	T2025-UB/UC	$1=1 unit	Annual limit of $15,192.00 **Max PD Family Employee Pay Rate $35.66**
CGS	**C**ommunity **G**uide **S**ervices	H2015-UC	$1=1 unit	Annual limit of $2,143.00 – **NOW ONLY**
CLB	**C**ommunity **L**iving Support – **B**asic (2.99 hours or less)	T2025-U5-UC	$1=1 unit	Annual limit for NOW CLS = $65,000.00 Annual limit for COMP CLS = $83,520.00 **Max PD Family Employee Pay Rate $33.73**
CLE	**C**ommunity **L**iving Support – **E**xtended (3 hours or more)	T2025-U4-UC	$1=1 unit	Annual limit for NOW CLS = $65,000.00 Annual limit for COMP CLS = $83,520.00 **Max PD Family Employee Pay Rate $31.36**
CB2	**C**ommunity Living Support – **B**asic – **2** Persons (2.99 hours or less)	T2025-U5-UN-UC	$1=1 unit	Annual limit for NOW CLS = $65,000.00 Annual limit for COMP CLS = $83,520.00
CE2	**C**ommunity Living Support – **E**xtended – **2** Persons (3 hours or more)	T2025-U4-UN-UC	$1=1 unit	Annual limit for NOW CLS = $65,000.00 Annual limit for COMP CLS = $83,520.00
CB3	**C**ommunity Living Support – **B**asic – **3** Persons (2.99 hours or less)	T2025-U5-UP-UC	$1=1 unit	Annual limit for NOW CLS = $65,000.00 Annual limit for COMP CLS = $83,520.00
CE3	**C**ommunity Living Support – **E**xtended – 3 Persons (3 hours or more)	T2025-U4-UP-UC	$1=1 unit	Annual limit for NOW CLS = $65,000.00 Annual limit for COMP CLS = $83,520.00
PAR	**P**ersonal **A**ssistance **R**etainer Can't be billed on the same date as another service	T2025-U5-CG-UC	$1=1 unit	Annual limit for NOW CLS = $65,000.00 Annual limit for COMP CLS = $83,520.00
EAA	**E**nvironmental **A**ccessibility **A**daptation	S5165-UC	Per Invoice	$15,000.00 (Every 5 years)
GNS	Individual Directed **G**oods a**n**d **S**ervices	T2025 –U7/UC	$1=1 unit	Annual limit = $1,606.00 **Must provide prior approval from DBHDD**
NST	**N**atural **S**upport **T**raining Services	T2025-UD/UC	$1=1 unit	Annual limit = $1,914.00 – **NOW ONLY**

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RSH	**R**espite **S**ervices – **H**ourly (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	**R**espite **S**ervices – **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	**R**espite **S**ervices – **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	**R**espite **– O**ut 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	**R**espite **– O**ut 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	**R**espite **D**aily – 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	**R**espite **D**aily – 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	**S**pecialized **M**edical **E**quipment	T2029-UC	$1=1 unit	Annual limit = $5,569.00
SMS	**S**pecialized **M**edical **S**upplies	T2028-UC	$1= unit	Annual limit = $4,069.00
SEG	**S**upported **E**mployment Services **G**roup	T2019–HQ/UC	$1=1 unit	Annual limit = $21,686.00 (combined SEG and SEI)
SEI	**S**upported **E**mployment Services **I**ndividual	T2019-UB/UC	$1=1 unit	Annual limit = $21,686.00 (combined SEG and SEI)

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TET	**T**ransportation Services **E**ncounter/**T**rip	T2003-UC	$1=1 unit	Annual limit for all transportation of $2,995.00
TCC	**T**ransportation **C**ommercial **C**arrier**,** Multi-Pass	T2004-UC	$1=1 unit	Annual limit for all transportation of $2,995.00
VAS	**V**ehicle **A**daptation **S**ervices	T2039-UC	$1=1 unit	$15,000.00 (every 5 years)

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