

MFP Services Crosswalk - Updated 8/20/2014								
Reporting Type	Reporting Category	Service	HCP	Modifier	OBRA	Type of Data	Provider Type (28, 36, 90, 92, 91 93, 98)	COS
I. State Plan	8. Rehab Option Services	Assertive Community Treatment (ACT)	H0039		MY	Q	36	34
I. State Plan	8. Rehab Option Services	Assertive Community Treatment (ACT)	H0039	HQ	MY	Q	36	34
I. State Plan	8. Rehab Option Services	Community Support Team (CST)	H2015	HT	MY	Q	36	34
I. State Plan	8. Rehab Option Services	Community Support Team (CST)	H2015	HM	MY	Q	36	34
I. State Plan	8. Rehab Option Services	Community Support Team (CST)	H2015	HM HQ	MY	Q	36	34
I. State Plan	8. Rehab Option Services	Community Support Team (CST)	H2015	HO HQ	MY	Q	36	34
I. State Plan	8. Rehab Option Services	Psychosocial Rehabilitation - Individual	H2017	HM	MY	Q	36	34
I. State Plan	8. Rehab Option Services	Psychosocial Rehabilitation - Individual	H2017	HN	MY	Q	36	34
I. State Plan	8. Rehab Option Services	Psychosocial Rehabilitation - Individual	H2017	HO	MY	Q	36	34
I. State Plan	6. Targeted Case Management for Long Term Care	Targeted Case Management	T1016	TF	MY	Q	36	47
I. State Plan	6. Targeted Case Management for Long Term Care	Targeted Case Management	T1016	HO	MY	Q	36	47
I. State Plan	6. Targeted Case Management for Long Term Care	Targeted Case Management - Mandated Follow up	T1016		MY	Q	36	47
I. State Plan	8. Rehab Option Services	Community Support - Individual	H2015	HN	MY	Q	36	34
I. State Plan	8. Rehab Option Services	Community Support - Individual	H2015	HO	MY	Q	36	34
I. State Plan	8. Rehab Option Services	Community Support - Group	H2015	HN HQ	MY	Q	36	34
I. State Plan	8. Rehab Option Services	Crisis Intervention - MHP	H2011		MY	Q	36	34
I. State Plan	8. Rehab Option Services	Crisis Intervention - Multi	H2011	HT	MY	Q	36	34
I. State Plan	8. Rehab Option Services	Community Support Residential - Individual	H2015	HE HM	MY	Q	36	34
I. State Plan	8. Rehab Option Services	Community Support Residential - Individual	H2015	HE HN	MY	Q	36	34
I. State Plan	8. Rehab Option Services	Community Support Residential - Individual	H2015	HE HO	MY	Q	36	34
I. State Plan	8. Rehab Option Services	Community Support Residential - Group	H2015	HE HM HQ	MY	Q	36	34
I. State Plan	8. Rehab Option Services	Community Support Residential - Group	H2015	HE HN HQ	MY	Q	36	34
I. State Plan	8. Rehab Option Services	Community Support Residential - Group	H2015	HE HO HQ	MY	Q	36	34
I. State Plan	8. Rehab Option Services	Crisis Intervention - Pre-hospitalization Screening	T1023		MY	Q	36	34
I. State Plan	8. Rehab Option Services	Crisis Intervention - Pre-hospitalization Screening	T1023	HT	MY	Q	36	34
I. State Plan	8. Rehab Option Services	Mental health Intensive Outpatient	S9480	HO	MY	Q	36	34
I. State Plan	8. Rehab Option Services	Mental health Intensive Outpatient	S9480	HO HA	MY	Q	36	34
I. State Plan	8. Rehab Option Services	Psychosocial Rehab - Group	H2017	HM HQ	MY	Q	36	34
I. State Plan	8. Rehab Option Services	Psychosocial Rehab - Group	H2017	HN HQ	MY	Q	36	34
I. State Plan	8. Rehab Option Services	Psychosocial Rehab - Group	H2017	HO HQ	MY	Q	36	34
I. State Plan	8. Rehab Option Services	Psychotropic Medication Administration	T1502		MY	Q	36	34
I. State Plan	8. Rehab Option Services	Psychotropic Medication Administration	T1502	SA	MY	Q	36	34
I. State Plan	8. Rehab Option Services	Psychotropic Medication Monitoring	90862	52	MY	Q	36	34
I. State Plan	8. Rehab Option Services	Psychotropic Medication Monitoring	90862	SA	MY	Q	36	34
I. State Plan	8. Rehab Option Services	Psychotropic Medication Monitoring	90862		MY	Q	36	34
I. State Plan	8. Rehab Option Services	Psychotropic Medication Training - Individual	H0034		MY	Q	36	34
I. State Plan	8. Rehab Option Services	Psychotropic Medication Training - Individual	H0034	SA	MY	Q	36	34
I. State Plan	8. Rehab Option Services	Psychotropic Medication Training - Group	H0034	HQ	MY	Q	36	34
I. State Plan	8. Rehab Option Services	Psychotropic Medication Training - Group	H0034	HQ SA	MY	Q	36	34
I. State Plan	8. Rehab Option Services	Therapy/Counseling - Individual	H0004		MY	Q	36	34
I. State Plan	8. Rehab Option Services	Therapy/Counseling - Family	H0004	HR	MY	Q	36	34
I. State Plan	8. Rehab Option Services	Therapy/Counseling - Group	H0004	HQ	MY	Q	36	34
I. State Plan	8. Rehab Option Services	Therapy/Counseling - Individual	H0004	HO	MY	Q	36	34
I. State Plan	8. Rehab Option Services	Therapy/Counseling - Family	H0004	HO HR	MY	Q	36	34
I. State Plan	8. Rehab Option Services	Therapy/Counseling - Group	H0004	HO HQ	MY	Q	36	34
I. State Plan	8. Rehab Option Services	Oral Interpretation and Sign Language	T1013		MY	Q	36	34
I. State Plan	8. Rehab Option Services	Mental Health Risk Assessment	99420	HD	MY	Q	36	57
I. State Plan	8. Rehab Option Services	Prenatal care at risk assessment	H1000		MY	Q	36	34
II. Waiver	1. Case Management	Case Management (FFS) (DD HBS Service Facilitator)	T1016	TF	DY	Q	91	47
II. Waiver	2. Homemaker Services	Homemaker Services	S5130		AY, HY, BY, VY	Q	90, 92, 93, 98	91
II. Waiver	3. Home Health Aide	Home Health Agency Provider	T1004		HY, BY, VY	Q	92, 93, 98	92
II. Waiver	3. Home Health Aide	Home Health Individual Provider	G0156		HY, BY, VY	Q	92, 93, 98	93

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II. Waiver	4. Personal Care	Personal Assistant	S5125		HY, BY, VY	Q	92, 93, 98	93
II. Waiver	4. Personal Care	Personal Support	T1019		DY	Q	91	95
II. Waiver	5. Adult Day Health	Adult Day Service	S5100		AY, DY, HY, BY, VY	Q	90, 91, 92, 93, 98	94
II. Waiver	5. Adult Day Health	Adult Day Service Transport	T2003		AY, HY, BY, VY	Q	90, 92, 93, 98	94
II. Waiver	8. Respite Care	Adult Day Care- Respite	T1005	HQ	HY, BY, VY	Q	92, 93, 98	96
II. Waiver	8. Respite Care	Adult Day Care Transport - Respite	T1005	HB	HY, BY, VY	Q	92, 93, 98	96
II. Waiver	8. Respite Care	Home Health Aide (CNA) - Respite	T1005	SC	HY, BY, VY	Q	92, 93, 98	96
II. Waiver	8. Respite Care	Homemaker - Respite	T1005	SE	HY, BY, VY	Q	92, 93, 98	96
II. Waiver	8. Respite Care	LPN - Respite	T1005	TE	HY, BY, VY	Q	92, 93, 98	96
II. Waiver	8. Respite Care	PA - Respite	T1005		HY, BY, VY	Q	92, 93, 98	96
II. Waiver	8. Respite Care	RN - Respite	T1005	TD	HY, BY, VY	Q	92, 93, 98	96
II. Waiver	6. Habilitation, a. Residential	Community Integrated Living	T2016		DY	Q	91	95
II. Waiver	6. Habilitation, a. Residential	DD Community Integrated Living - INT (formerly Residential Habilitation)	T2017		DY	Q	91	95
II. Waiver	6. Habilitation, a. Residential	Temp. Intensive Staffing CLA	T2017	TG	DY	Q	91	95
II. Waiver	6. Habilitation, b. Day	DD Developmental Training (Day Program)	T2021		DY	Q	91	95
II. Waiver	6. Habilitation, b. Day	Temp. Intensive Staffing DT	T2021	TF	DY	Q	91	95
II. Waiver	6. Habilitation, b. Day	Developmental Training w/ Rate add on (day program)	T2021	TG	DY	Q	91	95
II. Waiver	7. Expanded Habilitation, b. Supported Employment	Supported Employment Job Coach, Group	T2019	HQ, TG	DY	Q	91	95
II. Waiver	7. Expanded Habilitation, b. Supported Employment	Supported Employment Job Coach, Individual	T2019	TG	DY	Q	91	95
II. Waiver	7. Expanded Habilitation, b. Supported Employment	Supported Employment No Job Coach, Group	T2019	HQ	DY	Q	91	95
II. Waiver	7. Expanded Habilitation, b. Supported Employment	Supported Employment No Job Coach, Individual	T2019		DY	Q	91	95
III. Other Waiver and Demo	g. Environmental Accessibility Adaptations	Vehicle Modification	T2039		DY	Q	91	32
III. Other Waiver and Demo	g. Environmental Accessibility Adaptations	Environmental Modification (formerly Home)	S5165		HY, BY, VY	Q	92, 93, 98	97
III. Other Waiver and Demo	g. Environmental Accessibility Adaptations	Home Modification	S5165		DY	Q	91	32
III. Other Waiver and Demo	g. Environmental Accessibility Adaptations	Home Modification	S5165		AY	M	90	32
III. Other Waiver and Demo	o. Specialized Medical Equipment and Supplies	Adaptive Equipment	T2029		DY	Q	91	41
III. Other Waiver and Demo	o. Specialized Medical Equipment and Supplies	Adaptive Equipment	T2029		AY	M	90	41
III. Other Waiver and Demo	o. Specialized Medical Equipment and Supplies	Purchase/Repair (Assistive Tech)	T2028		DY, HY, BY, VY	Q	91, 92, 93, 98	97
III. Other Waiver and Demo	o. Specialized Medical Equipment and Supplies	Rental	T2028	RR	HY, BY, VY	Q	92, 93, 98	97
III. Other Waiver and Demo	q. Transportation - Non-Medical	Transportation - Non-Medical	T2003		DY	Q	90	55
III. Other Waiver and Demo	p. Supportive Living	Supportive Living			AY, HY	S	28	87
III. Other Waiver and Demo	h. Extended State Plan - Nursing	Home Health Nursing Intermittent - Agency Provider	G0154		HY, BY, VY	Q	92, 93, 98	92
III. Other Waiver and Demo	h. Extended State Plan - Nursing	Home Health Nursing Intermittent - Individual Provider	G0154	SC	HY, BY, VY	Q	92, 93, 98	92
III. Other Waiver and Demo	h. Extended State Plan - Nursing	Nursing Multiple Customers	T1002	TT	HY, BY, VY	Q	92, 93, 98	92
III. Other Waiver and Demo	h. Extended State Plan - Nursing	Nursing LPN - Agency Provider	T1003		HY, BY, VY	Q	92, 93, 98	92
III. Other Waiver and Demo	h. Extended State Plan - Nursing	Nursing LPN - Agency Provider	T1003		DY	Q	91	10

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III. Other Waiver and Demo	h. Extended State Plan - Nursing	Nursing RN - Agency Provider	T1002		HY, BY, VY	Q	92, 93, 98	92
III. Other Waiver and Demo	h. Extended State Plan - Nursing	Nursing RN - Agency Provider	T1002		DY	Q	91	10
III. Other Waiver and Demo	h. Extended State Plan - Nursing	Nursing LPN - Individual Provider	T1000	TE	HY, BY, VY	Q	92, 93, 98	93
III. Other Waiver and Demo	h. Extended State Plan - Nursing	Nursing RN - Individual Provider	T1000	TD	HY, BY, VY	Q	92, 93, 98	93
III. Other Waiver and Demo	f. Crisis Services	Temporary Assistance (formerly Crisis Services)	T2034		DY	Q	91	95
III. Other Waiver and Demo	a. Community Transition Services (DEMO)	Community transition (security deposits, furniture, utility payments, etc.) - MFP Demo	T2038		AY, HY, BY, VY, MY	M	36, 90, 92, 93, 98	97
III. Other Waiver and Demo	b. Peer Training	Peer Training	H0038		HY, BY, VY	M	92, 93, 98	97
III. Other Waiver and Demo	c. Behavior Intervention and Treatment	Behavioral Intervention & Treatment Level 1	H2019	TG	DY	Q	91	97
III. Other Waiver and Demo	c. Behavior Intervention and Treatment	Behavioral Intervention & Treatment Level 2	H2019		DY	Q	91	97
III. Other Waiver and Demo	d. Behavior Counseling	Behavioral Counseling - Group	H0004	HQ	DY	Q	91	97
III. Other Waiver and Demo	d. Behavior Counseling	Behavioral Counseling - Individual	H0004		DY	Q	91	97
III. Other Waiver and Demo	e. Behavior Therapy	Behavioral Therapy - Group	H0004	TG, HQ	DY	Q	91	97
III. Other Waiver and Demo	e. Behavior Therapy	Behavioral Therapy - Individual	H0004	TG	DY	Q	91	97
III. Other Waiver and Demo	i. Extended State Plan - Therapies	Occupational Therapy	G0152		DY, HY, BY, VY	Q	91, 92, 93, 98	97
III. Other Waiver and Demo	i. Extended State Plan - Therapies	Physical Therapy	G0151		DY, HY, BY, VY	Q	91, 92, 93, 98	97
III. Other Waiver and Demo	i. Extended State Plan - Therapies	Speech Therapy	G0153		DY, HY, BY, VY	Q	91, 92, 93, 98	97
III. Other Waiver and Demo	i. Extended State Plan - Therapies	Speech Therapy - Hospital	G0153	GN	DY, HY, BY, VY	Q	91, 92, 93, 98	97
III. Other Waiver and Demo	j. Family Training	Family Training	S5110		DY	Q	91	97
III. Other Waiver and Demo	k. Family Training	Family Counseling	T1027		DY	Q	91	97
III. Other Waiver and Demo	l. Home Delivered Meals	Home Delivered Meals	S5170		HY, BY, VY	Q	92, 93, 98	97
III. Other Waiver and Demo	m. Personal Emergency Home Response	PERS Installation	S5160		AY, DY, HY, BY, VY	Q	90, 91, 92, 93, 98	98
III. Other Waiver and Demo	m. Personal Emergency Home Response	PERS Installation DD	S5161	TG	DY	Q	91	98
III. Other Waiver and Demo	m. Personal Emergency Home Response	PERS Rent	S5161		AY, DY, HY, BY, VY	Q	90, 91, 92, 93, 98	98
Waiver	r. TBI Behavioral Services	TBI Behavioral Services M.A. (COS 58)	H0004	HO	BY	Q	98	97
Waiver	r. TBI Behavioral Services	TBI Behavioral Services PH.D (COS 59)	H0004	HP	BY	Q	98	97
Waiver	s. TBI Supported Employment	TBI Supported Employment	T2019		BY	Q	98	95
Waiver	t. TBI Habilitation - Day	TBI Day Habilitation	T2020		BY	Q	98	95
Waiver	u. TBI Prevocational	TBI Prevocational Services	T2014		BY	Q	98	95