

Revised Provider Billing Instructions for Updated Codes and Modifiers

Med-QUEST and Conduent very recently discovered that there are limitations preventing providers from submitting claims under the new code and modifier combinations, and they are currently working to address this with HPMMIS and Sandata. Once the delay in HPMMIS is resolved, the following instructions will assist the providers in understanding which codes and modifiers should be used for submitting claims.

Update for EVV Services

All EVV services, with the exception of Private Duty Nursing (PDN), have been updated in HPMMIS and Sandata. Providers should begin to see the authorizations with new code and modifier(s) for mid-year plan changes and new plan years in DMO. Authorizations will also be available in Sandata, for those providers who use Sandata for EVV, and visits can be logged. For those visits that were captured under "Start Unknown Visit", once the authorization is in Sandata, the provider will need to open each visit and it should automatically attach to the authorized service. Providers may submit claims for these services, following the appropriate billing instructions below.

For PDN, there has been a delay in getting the new service codes and modifiers updated in Sandata. MQD is currently working with Sandata to get those updated. In the meantime, any authorizations for PDN under the new codes and modifiers will be converted and authorized under the old code and modifier. This only includes authorizations for mid-year plan changes and new authorizations, including new plan year authorizations. This will allow providers to log visits and submit claims for services. Once Sandata is updated with the new code and modifier(s), DDD will notify providers to begin using the new service code and modifier(s) to log visits and to submit claims.

Update for Non-EVV Services

For non-EVV services that have a repurposed code with multiple modifiers, because of the continued delay in HPMMIS, providers will not be able to submit claims for these services until HPMMIS is updated. This may take another 1-3 months to be updated. See updated instructions at the bottom of the Repurposed Codes and Modifiers section. DDD will notify providers when HPMMIS is updated for providers to submit claims.

For non-EVV services with up to 1 modifier, HPMMIS has been updated. Providers should begin to see authorizations with the new code and modifier(s) for mid-year plan changes and new plan years in DMO. Providers may submit claims for these services, following the appropriate billing instructions below.

For non-EVV services with more than 1 modifier, there is still a delay in HPMMIS, which may take 1-3 months. MQD is currently working to get the system updated. In the meantime, any authorizations for services with more than 1 modifier under the new codes and modifiers will be converted and authorized under the old code and modifier. DDD is targeting completion of the conversion by August 1, 2025. This only includes authorizations for mid-year plan changes and new authorizations, including new plan year authorizations. This will allow providers to submit claims for services using the previous code and modifier combination. After MQD has updated

HPMMIS, DDD will notify providers when they may begin using the new codes and modifiers to submit claims.

Repurposed Codes and Modifiers

Authorizations for all repurposed codes and modifiers ended on June 30, 2025. Authorizations with the new service code and modifier combinations started on July 1, 2025.

Billing Instructions

Submitting claims for ~~dates of service~~ **any EVV service and non-EVV services with up to 1 modifier:**

- Up through June 30, 2025:
 - Bill under old service code and modifier
 - Ensure units billed are within the units previously allocated for services up to June 30, 2025
 - Check DMO for available authorized units
- From July 1, 2025:
 - Bill under new service code and modifier(s)
 - Ensure units for services provided and billed are within the units previously allocated for services from July 1, 2025 to the end of the participant's plan year
 - Check DMO for available authorized units

Submitting claims for **non-EVV services with more than 1 modifier** for dates of service from July 1, 2025 (*Note, this is only in effect until HPMMIS is updated then revert back to original instructions):

- Do not submit claims until the authorization is visible in DMO
- Once authorization is visible in DMO:
 - Bill under new service code and modifier(s)
 - Ensure units for services provided and billed are within the units previously allocated for services from July 1, 2025 to the end of the participant's plan year
 - Check DMO for available authorized units
- This includes the following services:

Service	Code + Modifiers
Personal Assistance/Habilitation, CD, 1:1, Retainer	S5125 UB U1
Personal Assistance/Habilitation, Registered Behavior Technician, 2:1, Retainer	S5125 UB HM U7
BI Community Learning Service, Group, Tier 1	T2021 UQ UA
BI Community Learning Service, 2:1	T2021 U7 UA
BI Community Learning Service, 3:1	T2021 U8 UA
BI Community Learning Service, Registered Behavior Technician, 2:1	T2021 HM U7 UA
BI Community Learning Service, Registered Behavior Technician, 3:1	T2021 HM U8 UA
BI Non-Medical Transportation, Trip, CD	T2003 U1 UA
BI Training and Consultation, Dietician	S5111 AE UA
BI Training and Consultation, Psychologist	S5111 AH UA

Provider Billing Instructions for
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Service	Code + Modifiers
BI Training and Consultation, Behavior Analyst	S5111 HI UA
BI Training and Consultation, Speech	S5111 GN UA
BI Training and Consultation, OT	S5111 GO UA
BI Training and Consultation, PT	S5111 GP UA
BI Training and Consultation, Licensed Marriage Family Therapist, Clinical Social Worker, Mental Health Counselor	S5111 HO UA
BI Training and Consultation, Registered Nurse	S5111 TD UA

Example for any **EVV service and non-EVV services with up to 1 modifier**:

A participant authorized for 1000 units of BI Chore for plan year January 1, 2025 – December 31, 2025. BI Chore at S5120 U1 ended on June 30, 2025 and changed to S5120 UA effective July 1, 2025. The CM and provider worked together to determine that 425 units will remain as of July 1, 2025. CM processed a mid-year plan change to end authorization under S5120 U1 effective June 30, 2025 with 575 units (1000 units – 425 units) and started authorization under S5120 UA effective July 1, 2025 with 425 units.

Provider to submit claims for dates of service:

- Up through June 30, 2025:
 - Bill using old code and modifier S5120 U1
 - Units billed should not exceed a total of 575 units for January 1 – June 30, 2025
 - Check DMO to ensure units billed does not exceed authorized units
- From July 1, 2025:
 - Bill using new code and modifier S5120 UA
 - Units provided and billed should not exceed a total of 425 units for July 1 – December 31, 2025
 - Check DMO for available authorized units up to December 31, 2025

End old service codes and modifiers effective June 30, 2025 (white rows). Begin new (Repurposed from Current) service codes and modifiers effective July 1, 2025 (green rows).

SERVICE	CODE + MODIFIER	RATE	END DATE	START DATE
BI Chore	S5120 U1	\$9.34	6/30/2025	
Chore CD	S5120 U1	\$6.07		7/1/2025
Personal Assistance/Habilitation, CD, 1:1, Retainer	S5125 UA	\$5.07	6/30/2025	
BI Personal Assistance/Habilitation, 1:1	S5125 UA	\$11.49		7/1/2025
Personal Assistance/Habilitation, Registered Behavior Technician, 2:1, Retainer	S5125 U8	\$20.78	6/30/2025	
Personal Assistance/Habilitation, 3:1	S5125 U8	\$26.68		7/1/2025
Respite Hourly, CD 1:1	S5150 UA	\$5.61	6/30/2025	
BI Respite, 1:1	S5150 UA	\$8.82		7/1/2025
Residential Habilitation, Adult Therapeutic Living Program	T2016 UA	\$642.32	6/30/2025	

Provider Billing Instructions for
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SERVICE	CODE + MODIFIER	RATE	END DATE	START DATE
BI Residential Habilitation, Licensed Homes, Tier 1	T2016 UA	\$135.88		7/1/2025
BI Community Learning Service, Group, Tier 1	T2021 U1	\$6.13	6/30/2025	
Community Learning Service, Individual CD	T2021 U1	\$6.30		7/1/2025
BI Community Learning Service, 2:1	T2021 UN	\$21.41	6/30/2025	
Community Learning Service, 1:2	T2021 UN	\$5.60		7/1/2025
BI Community Learning Service, 3:1	T2021 UP	\$30.44	6/30/2025	
Community Learning Service, 1:3	T2021 UP	\$4.03		7/1/2025
BI Community Learning Service, Registered Behavior Technician, 2:1	T2021 U7	\$23.87	6/30/2025	
Community Learning Service, 2:1	T2021 U7	\$18.85		7/1/2025
BI Community Learning Service, Registered Behavior Technician, 3:1	T2021 U8	\$30.36	6/30/2025	
Community Learning Service, 3:1	T2021 U8	\$27.19		7/1/2025
BI Non-Medical Transportation	S0215 U1	\$2.14	6/30/2025	
Non-Medical Transportation, CD	S0215 U1	\$1.41		7/1/2025
Non-Medical Transportation, Trip	T2003 U1	\$6.00	6/30/2025	
Non-Medical Transportation, Trip, CD	T2003 U1	\$6.00		7/1/2025
Non-Medical Transportation, Trip, CD	T2003	\$6.00	6/30/2025	
Non-Medical Transportation, Trip	T2003	\$6.00		7/1/2025
BI Training and Consultation, Dietician	S5111 AE	\$78.09	6/30/2025	
Training and Consultation, Dietician	S5111 AE	\$65.61		7/1/2025
BI Training and Consultation, Psychologist	S5111 AH	\$103.14	6/30/2025	
Training and Consultation, Psychologist	S5111 AH	\$87.78		7/1/2025
BI Training and Consultation, Behavior	S5111 HI	\$173.73	6/30/2025	
Training and Consultation, Behavior Analyst	S5111 HI	\$150.00		7/1/2025
BI Training and Consultation, Speech	S5111 GN	\$90.00	6/30/2025	
Training and Consultation, Speech	S5111 GN	\$76.14		7/1/2025
BI Training and Consultation, OT	S5111 GO	\$90.00	6/30/2025	
Training and Consultation, OT	S5111 GO	\$76.14		7/1/2025
BI Training and Consultation, PT	S5111 GP	\$90.00	6/30/2025	
Training and Consultation, PT	S5111 GP	\$76.14		7/1/2025
BI Training and Consultation, Licensed, Marriage Family Therapist, Clinical Social Worker, Mental Health Counselor	S5111 HO	\$56.40	6/30/2025	
Training and Consultation, Licensed, Marriage Family Therapist, Clinical Social Worker, Mental Health Counselor	S5111 HO	\$46.43		7/1/2025
BI Training and Consultation, Registered Nurse	S5111 TD	\$111.39	6/30/2025	
Training and Consultation, Registered Nurse	S5111 TD	\$95.07		7/1/2025

Phase-in of Updated Code and Modifiers

This section provides guidance for non-repurposed codes and modifiers for services without any mid-year plan changes processed after May 30, 2025 to the end of the participant's plan year. Authorizations under the old code and modifier will continue until the end of the participant's plan year. The authorizations for the participant's new plan year, during FY26, will be using the new code and modifier(s) for EVV services, except for PDN, and non-EVV services with up to 1 modifier. For PDN and non-EVV services with more than 1 modifier, authorizations for the participant's new plan year, during FY26, will be using the old code and modifier until HPMMIS is updated. Note, authorizations using the old code and modifier for plan years starting August 1, 2025 and beyond, will show an end date of June 30, 2026 because that is when the old code and modifier combination ends. Once HPMMIS is updated, an authorization under the new service code and modifier(s) will be generated and will reflect the correct plan year dates. DDD will instruct providers when to begin submitting claims under the new code and modifier(s).

For PDN and non-EVV services with more than 1 modifier, providers may check DMO for number of units billed under the old service code and modifier to calculate number of units allowed under the new service code and modifier(s). Because both authorizations will be in DMO, providers must prevent overbilling by ensuring all services provided and billed under the old service code and modifier and the new service code and modifier(s) do not exceed the total annual authorization per service for the participant's plan year.

Billing Instructions

Submitting claims for ~~dates of service~~ **EVV services, except for PDN, and non-EVV services with up to 1 modifier:**

- Up to the end of the participant's plan year, during FY26:
 - Bill under old service code and modifier
 - Check DMO for available authorized units
- From the start of the participant's plan year, during FY26:
 - Bill under new service code and modifier(s)
 - Check DMO for available authorized units

Submitting claims for **PDN and non-EVV services with more than 1 modifier** for dates of service from July 1, 2025 (*Note, this is only in effect until HPMMIS (and Sandata for PDN) is updated then revert back to original instructions):

- Bill under old code and modifier combination until instructed by DDD
- After instructed by DDD:
 - Bill under new service code and modifier(s)
 - **Do not rely on DMO** to calculate units remaining under new service code and modifier combination; the authorizations will be listed under 2 separate service authorizations:
 - The authorization with the old code and modifier in DMO will reflect the units used/billed and will display the remaining number of units
 - The authorization with the new code and modifier in DMO will display the entire annual authorized units which has not been reduced by the number of units used/billed in the authorization with the old code and modifier
 - Total units used/billed for the entire plan year must not exceed the total authorized units in the participant's ISP/Action Plan
- See example under Billing Instructions for Mid-Year Plan Changes

Examples for EVV services, except for PDN, and non-EVV services with up to 1 modifier:

ADH Tier 1 is currently H2032 U1 but will be phased-out with participants' plan year during FY26 and new authorizations will be using S5100 UR.

1. Plan year July 1, 2025 – June 30, 2026. ADH Tier 1 authorized using S5100 UR from July 1, 2025, for the entire plan year.

Provider to submit claims for dates of service:

- From July 1, 2025:
 - Bill using new code and modifier S5100 UR
 - Check DMO to ensure units billed does not exceed authorized units

2. Plan year September 1, 2025 – August 31, 2026. ADH Tier 1 will continue authorization using H2032 U1 until August 31, 2025. For new plan, ADH Tier 1 will be authorized using S5100 UR from September 1, 2025.

Providers to submit claims for dates of service:

- Up through August 31, 2025:
 - Bill using old code and modifier H2032 U1
 - Check DMO to ensure units billed does not exceed authorized units
- From September 1, 2025:
 - Bill using new code and modifier S5100 UR
 - Check DMO for available authorized units

Example for PDN and non-EVV services with more than 1 modifier for dates of service from July 1, 2025 (*Note, this is only in effect until HPMMIS (and Sandata for PDN) is updated then revert back to original instructions):

CLS-G Tier 2 is currently H2021 U2 but will be phased-out with participants' plan year or through mid-year plan changes during FY26 and new authorizations will be using T2021 UQ TF, when HPMMIS is updated.

Plan year August 1, 2025 – July 31, 2026. Authorization will be generated with the old code & modifier until HPMMIS is updated. After HPMMIS is updated the authorization for the new plan year will be generated using the new code and modifier(s). DMO will reflect two service authorizations:

- CLS-G Tier 2 using H2021 U2 for August 1, 2025 – June 30, 2026 (end date of old service code and modifier)
- CLS-G Tier 2 using T2021 UQ TF UR for August 1, 2025 – July 31, 2026 (after HPMMIS is updated)

Provider to submit claims:

- Bill using old code and modifier H2021 U2, until instructed by DDD
- After instructed by DDD, bill using new code and modifier T2021 UQ TF
- Provider must manually keep track of units used/billed under both old code and modifier and new code and modifier(s) to ensure total billing for the entire plan year must not exceed the total authorized units in the participant's ISP/Action Plan.
- Reminder: DMO will not accurately reflect units used/billed and the remaining units in the authorization for T2021 UQ TF

Mid-Year Plan Changes

This section provides guidance for non-repurposed codes and modifiers for mid-year plan changes. INSPIRE was updated on May 30, 2025 with the new code and modifier combinations. Any mid-year plan changes that were generated after May 30, 2025 will have authorizations for the participant's entire plan year with the new codes and modifier combinations.

For mid-year plan changes to an existing service authorization **for EVV services, except PDN, and non-EVV services with up to 1 modifier**, when the CM generates the new authorization, both authorizations will exist in DMO: one under the old service code and modifier combination for the entire plan year with the original/old authorized amount and one under the new code and modifier combination **from the effective date of the change to the end of the for the entire plan year with the new annual authorized amount.** **If the effective date of the change was prior to July 1, 2025, the authorization with the new code and modifier(s) will show a start date of July 1, 2025, because the new code and modifier(s) was effective on July 1, 2025.** ~~This must be done so that the INSPIRE calculator is correct and also to leave enough units in DMO for providers to bill using the old service code and modifier.~~

For mid-year plan changes to an existing service authorization for PDN and non-EVV services with more than 1 modifier, authorizations for the mid-year plan change will be using the old code and modifier until HPMMIS is updated. Once HPMMIS is updated, an authorization under the new service code and modifier(s) will be generated. DDD will instruct providers when to begin submitting claims under the new code and modifier(s).

Providers must know how many units they can bill under the old service code and modifier and the new service code and modifier(s) so they do not over-bill, because both authorizations will be in DMO. Providers may check DMO for number of units billed under the old service code and modifier to calculate number of units allowed under the new service code and modifier(s). Because both authorizations will be in DMO, providers must prevent overbilling by ensuring all services provided and billed under the old service code and modifier and the new service code and modifier(s) do not exceed the total annual authorization per service for the participant's plan year.

Because of the high potential for error, during this time period, 100% of claims will be audited. Any overpaid claims will be recouped.

For mid-year plan changes to add a new service, DMO will accurately display the service period, authorized units, and remaining balance of units for the participant's plan year.

Billing Instructions

- Submitting claims for mid-year plan changes effective prior to or on July 1, 2025, ~~with dates of service~~ **for EVV services, except for PDN, and non-EVV services with up to 1 modifier:**
 - Up through June 30, 2025
 - Bill using old service code and modifier combination (because new service code and modifier combination is not effective until July 1, 2025)
 - From July 1, 2025
 - Bill using new service code and modifier combination

Provider Billing Instructions for
Updated Codes and Modifiers

- Ensure services provided and units billed do not exceed total authorization in the participant's ISP/Action Plan
- **Do not rely on DMO** to calculate units remaining under new service code and modifier combination; the authorizations will be listed under 2 separate service authorizations:
 - The original/old authorization in DMO will reflect the units used/billed and will display the remaining number of units
 - The new authorization in DMO will display the entire annual authorized units which has not been reduced by the number of units used/billed in the original/old authorization
- Total units used/billed for the entire plan year must not exceed the total authorized units in the participant's ISP/Action Plan
- If moving units from one service to another, follow the above process for both services

➤ Submitting claims for mid-year plan changes effective prior to or on July 1, 2025 for **PDN and non-EVV services with more than 1 modifier** (*Note, this is only in effect until HPMMIS (and Sandata for PDN) is updated then revert back to original instructions):

- Bill under old code and modifier combination until instructed by DDD
- After instructed by DDD:
 - Bill under new service code and modifier(s)
 - **Do not rely on DMO** to calculate units remaining under new service code and modifier combination; the authorizations will be listed under 2 separate service authorizations:
 - The authorization with the old code and modifier in DMO will reflect the units used/billed and will display the remaining number of units
 - The authorization with the new code and modifier in DMO will display the entire annual authorized units which has not been reduced by the number of units used/billed in the authorization with the old code and modifier
 - Total units used/billed for the entire plan year must not exceed the total authorized units in the participant's ISP/Action Plan

Example mid-year plan changes effective prior to or on July 1, 2025 for **EVV services, except for PDN, and non-EVV services with up to 1 modifier**:

ADH Tier 1 is currently H2032 U1 but will be phased-out with participants' plan year or through mid-year plan changes during FY26 and new authorizations will be using S5100 UR.

Plan year January 1 – December 31, 2025. Participant is originally authorized ADH Tier 1 for 500 units and has used 300 units. Effective June 1, 2025, participant wants to add an additional 500 units to the authorization, totaling 1000 units. CM does a mid-year plan change to authorize the 1000 units for the participant's plan year. DMO will reflect two service authorizations:

- ADH Tier 1 using H2032 U1 for January 1- December 31, 2025 with 500 units authorized, 300 units used/billed, and 200 units remaining
- ADH Tier 1 using S5100 UR for January **July** 1 – December 31, 2025 with 1000 units authorized, 0 units used/billed, and 1000 units remaining

Provider to submit claims for dates of service:

- Up through June 30, 2025:

Provider Billing Instructions for
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- Bill using old code and modifier H2032 U1 (even if effective date of change is prior to July 1, 2025 because new service code and modifier combination is not effective until July 1, 2025)
- From July 1, 2025:
 - Bill using new code and modifier S5100 UR
 - Provider must manually keep track of units used/billed under both old code and modifier and new code and modifier to ensure total billing for the participant's plan year does not exceed 1000 units
 - Reminder: DMO will not accurately reflect units used/billed and the remaining units in the authorization for S5100 UR

Example for mid-year plan changes effective prior to or on July 1, 2025 for PDN and non-EVV services with more than 1 modifier:

CLS-G Tier 2 is currently H2021 U2 but will be phased-out with participants' plan year or through mid-year plan changes during FY26 and new authorizations will be using T2021 UQ TF, when HPMMIS is updated.

Plan year January 1 – December 31, 2025. Participant is originally authorized CLS-G Tier 2 for 500 units and has used 300 units. Effective June 1, 2025, participant wants to add an additional 500 units to the authorization, totaling 1000 units. CM does a mid-year plan change to authorize the 1000 units for the participant's plan year. Mid-year plan change will be under the old code and modifier until HPMMIS is updated. Participant used another 300 units from June 1, 2025 to the date HPMMIS is updated. After HPMMIS is updated the authorization for the mid-year plan change will be generated using the new code and modifier(s). DMO will reflect two service authorizations:

- CLS-G Tier 2 using H2021 U2 for January 1- December 31, 2025 with 1000 units authorized, 600 units used/billed, and 400 units remaining
- CLS-G Tier 2 using T2021 UQ TF UR for July 1 – December 31, 2025 with 1000 units authorized, 0 units used/billed, and 1000 units remaining (after HPMMIS is updated)

Provider to submit claims for dates of service:

- Up through June 30, 2025:
 - Bill using old code and modifier H2021 U2 (even if effective date of change is prior to July 1, 2025 because new service code and modifier combination is not effective until July 1, 2025)
- From July 1, 2025:
 - Bill using old code and modifier H2021 U2 until instructed by DDD
 - After instructed by DDD, bill using new code and modifier T2021 UQ TF
 - Provider must manually keep track of units used/billed under both old code and modifier and new code and modifier(s) to ensure total billing for the participant's plan year does not exceed 1000 units
 - Reminder: DMO will not accurately reflect units used/billed and the remaining units in the authorization for T2021 UQ TF

➤ **Submitting claims for mid-year plan changes after July 1, 2025, with dates of service for EVV services, except for PDN, and non-EVV services with up to 1 modifier:**

- Up to effective date of mid-year plan change
 - Bill using old service code and modifier combination
- From effective date of mid-year plan change

Provider Billing Instructions for
Updated Codes and Modifiers

- Bill using new service code and modifier combination based on the effective date for the mid-year plan change in the **authorization and the** participant's ISP/Action Plan
 - Ensure services provided and units billed do not exceed total authorization in the participant's ISP/Action Plan
 - **Do not rely on DMO** to calculate units remaining under new service code and modifier combination; the authorizations will be listed under 2 separate service authorizations:
 - The original/old authorization in DMO will reflect the units used/billed and will display the remaining number of units
 - The new authorization in DMO will display the entire annual authorized units which has not been reduced by the number of units used/billed in the original/old authorization
 - Total units used/billed for the entire plan year must not exceed the total authorized units in the participant's ISP/Action Plan
- Submitting claims for mid-year plan changes after July 1, 2025, **with dates of service for PDN and non-EVV services with more than 1 modifier** (*Note, this is only in effect until HPMMIS (and Sandata for PDN) is updated then revert back to original instructions):
- Up to effective date of mid-year plan change
 - Bill using old service code and modifier combination
 - From effective date of mid-year plan change
 - Bill under old code and modifier combination until instructed by DDD
 - After instructed by DDD:
 - Bill using new service code and modifier combination **based on the effective date for the mid-year plan change in the participant's ISP/Action Plan**
 - Ensure services provided and units billed do not exceed total authorization in the participant's ISP/Action Plan
 - **Do not rely on DMO** to calculate units remaining under new service code and modifier combination; the authorizations will be listed under 2 separate service authorizations:
 - The original/old authorization in DMO will reflect the units used/billed and will display the remaining number of units
 - The new authorization in DMO will display the entire annual authorized units which has not been reduced by the number of units used/billed in the original/old authorization
 - Total units used/billed for the entire plan year must **not exceed the total authorized units in the participant's ISP/Action Plan**

Example for mid-year plan changes after July 1, 2025 for EVV services, except for PDN, and non-EVV services with up to 1 modifier:

ADH Tier 1 is currently H2032 U1 but will be phased-out with participants' plan year or through mid-year plan changes during FY26 and new authorizations will be using S5100 UR.

Plan year January 1 – December 31, 2025. Participant is originally authorized ADH Tier 1 for 1000 units and has used 700 units. Effective August 1, 2025, participant wants to add an additional 200 units to the authorization, totaling 1200 units. CM does a mid-year plan

change to authorize the 1200 units for the participant's plan year. DMO will reflect two service authorizations:

- ADH Tier 1 using H2032 U1 for January 1- December 31, 2025 with 1000 units authorized, 700 units used/billed, and 300 units remaining
- ADH Tier 1 using S5100 UR for January **August** 1 – December 31, 2025 with 1200 units authorized, 0 units used/billed, and 1200 units remaining

Provider to submit claims for dates of service:

- Up through July 31, 2025:
 - Bill using old code and modifier H2032 U1
- From August 1, 2025:
 - Bill using new code and modifier S5100 UR
 - Provider must manually keep track of units used/billed under both old code and modifier and new code and modifier to ensure total billing for the participant's plan year does not exceed 1200 units
 - Reminder: DMO will not accurately reflect units used/billed and the remaining units in the authorization for S5100 UR

Example for mid-year plan changes effective after July 1, 2025 for PDN and non-EVV services with more than 1 modifier (*Note, this is only in effect until HPMMIS (and Sandata for PDN) is updated then revert back to original instructions):

CLS-G Tier 2 is currently H2021 U2 but will be phased-out with participants' plan year or through mid-year plan changes during FY26 and new authorizations will be using T2021 UQ TF, when HPMMIS is updated.

Plan year January 1 – December 31, 2025. Participant is originally authorized CLS-G Tier 2 for 500 units and has used 300 units. Effective August 1, 2025, participant wants to add an additional 500 units to the authorization, totaling 1000 units. CM does a mid-year plan change to authorize the 1000 units for the participant's plan year. Mid-year plan change will be under the old code and modifier until HPMMIS is updated. Participant uses an additional 300 units from August 1, 2025 to the date that HPMMIS is updated. After HPMMIS is updated the authorization for the mid-year plan change will be generated using the new code and modifier(s). DMO will reflect two service authorizations:

- CLS-G Tier 2 using H2021 U2 for January 1- December 31, 2025 with 1000 units authorized, 600 units used/billed, and 400 units remaining
- CLS-G Tier 2 using T2021 UQ TF UR for August 1 – December 31, 2025 with 1000 units authorized, 0 units used/billed, and 1000 units remaining (after HPMMIS is updated)

Provider to submit claims for dates of service:

- Up through July 31, 2025:
 - Bill using old code and modifier H2021 U2 (even if effective date of change is prior to July 1, 2025 because new service code and modifier combination is not effective until July 1, 2025)
- From August 1, 2025:
 - Bill using old code and modifier H2021 U2 until instructed by DDD
 - After instructed by DDD, bill using new code and modifier T2021 UQ TF
 - Provider must manually keep track of units used/billed under both old code and modifier and new code and modifier to ensure total billing for the participant's plan year does not exceed 1000 units

- Reminder: DMO will not accurately reflect units used/billed and the remaining units in the authorization for T2021 UQ TF

- Submitting claims for mid-year plan changes to add a new service **for EVV services, except for PDN, and non-EVV services with up to 1 modifier**:
 - From effective date of mid-year plan change
 - Bill using new service code and modifier combination
 - Check DMO for available authorized units
- Submitting claims for mid-year plan changes to add a new service for **PDN and non-EVV services with more than 1 modifier** (*Note, this is only in effect until HPMMIS (and Sandata for PDN) is updated then revert back to original instructions):
 - From effective date of mid-year plan change
 - Bill under old code and modifier combination until instructed by DDD
 - After instructed by DDD:
 - Bill using new service code and modifier combination
 - Ensure services provided and units billed do not exceed total authorization in the participant's ISP/Action Plan
 - **Do not rely on DMO** to calculate units remaining under new service code and modifier combination; the authorizations will be listed under 2 separate service authorizations:
 - The authorization under the old code and modifier combination in DMO will reflect the units used/billed and will display the remaining number of units
 - The authorization under the new code and modifier(s) in DMO will display the entire annual authorized units which has not been reduced by the number of units used/billed in the original/old authorization
 - Total units used/billed for the entire plan year must not exceed the total authorized units in the participant's ISP/Action Plan

Example for mid-year plan changes to add a new service for EVV services, except for PDN, and non-EVV services with up to 1 modifier:

Plan year March 1, 2025 – February 28, 2026. Participant wants to add PAB 1:1 starting September 1, 2025 with 1000 units. CM does a mid-year plan change to authorize the PAB 1:1 for 1000 units, using the new code S5125, for the period of September 1, 2025 to February 28, 2026.

Provider to submit claims for dates of service:

- From September 1, 2025:
 - Bill using new code S5125
 - Check DMO for available authorized units

Example for mid-year plan changes to add a new service for PDN and non-EVV services with more than 1 modifier:

Plan year March 1, 2025 – February 28, 2026. Participant wants to add CLS-G Tier 2 starting September 1, 2025 with 1000 units. CM does a mid-year plan change to authorize the CLS-G Tier 2 for 1000 units, using the old code and modifier H2021 U2 for the period of September 1, 2025 to February 28, 2026, until HPMMIS is updated. After HPMMIS is

Provider Billing Instructions for
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updated the authorization for the mid-year plan change will be generated using the new code and modifier(s). DMO will reflect two service authorizations:

- CLS-G Tier 2 using H2021 U2 for September 1, 2025 – February 28, 2026 with 1000 units authorized, actual number of units used/billed, and number of units remaining
- CLS-G Tier 2 using T2021 UQ TF UR for September 1, 2025 – February 28, 2026 with 1000 units authorized, 0 units used/billed, and 1000 units remaining (after HPMMIS is updated)

Provider to submit claims for dates of service:

- From September 1, 2025:
 - Bill using old code and modifier H2021 U2 until instructed by DDD
 - After instructed by DDD, bill using new code and modifier T2021 UQ TF
 - Provider must manually keep track of units used/billed under both old code and modifier and new code and modifier to ensure total billing for the participant's plan year does not exceed 1000 units