



Codes to bypass TPL requirements

Description	CPT/REV
Intermediate Care Facilities	
LOA Hospital less than 85% occupancy – Traditional Style Bed or ICF/IID	0180
LOA – Home – Traditional Style Bed or ICF/IID	0183
LOA Hospital 85% or greater occupancy – Traditional Style Bed or ICF/IID	0185
LOA No Pay – Traditional Style Bed or ICF/IID	0189
ICF/IID	0194
Hospice Room and Board – Traditional Style Bed or ICF/IID	0658
Human Development Centers	
Human Development Centers	S9125
Personal Care	
Personal Care	T1019 w/modifiers none,U3, U4, U5
Personal Care	T1020 w/modifiers none, U1, U2, U3, U4, U5, U6, U7, U8, U0 and UA
Adult and Early Intervention Day Treatment	
Adult Habilitative Services	T1015 U6, UA
Treatment Plan Development	99367 U6, UC or UA
Habilitative Services Aged 0-6	T1015 U6, UB
Habilitative Services in the Summer Aged 6-21	T1015 U6, UC
RN Services	T1002 U6 or U6 UB
LPN/LVN Services	T1003 U6 or U6 UB
Waiver	
Supportive Living	H2016 No Mod or TF

Supported Employment	H2023
Respite Services	S5151 No Mod or TF
Supplemental Support Svcs	T2020 UA
Consultation Services	T2025
Crisis Intervention Services	T2034 U1, UA
Behavioral Health	
Psychoeducation	H2027 U4 or U7
Treatment Plan	S0220 U4, 90885 U4
Crisis Stabilization Intervention - QBHP	H2011 U4 U5 Z2
Behavioral Assistance - QBHP	H2019 U4 or U4 UC
Adult Rehabilitative Day Service - QBHP	H2017 UB U4 or UA U4
Peer Support	H0038 UC U4 or U4
Supportive Employment	H2023 U4
Supportive Housing	H0043 U4
Adult Life Skills Development - QBHP	H2017 U3 U4 or U4 U5
Therapeutic Communities - Level 1 and 2	H0019 HQ UCU4 and HQ U4
Family Support Partners	H2014 UC U4 or U4
Individual Life Skills Development - QBHP (age 16-20 ONLY)	H2017 UC U4 Z4 or U4 U6 Z4
Group Life Skills Development - QBHP (age 16-20 ONLY)	H2017 HQ U4 U6 Z5 or HQ UC U4 Z5
Child and Youth Support Services - QBHP	H2015 UC U4 or U1 U4
Vision	
SUNGLASSES FRAMES	S0518
FRAMES, PURCHASES	V2020
SPHERE, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00, PER LENS	V2100

SPHERE, SINGLE VISION, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	V2101
SPHERE, SINGLE VISION, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS	V2102
SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS	V2103
SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	V2105
SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	V2106
SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25 TO 2.25D CYLIN	V2111
SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLI	V2113
SPHEROCYLINDER, SINGLE VISION, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	V2114
LENTICULAR, (MYODISC), PER LENS, SINGLE VISION	V2115
LENTICULAR LENS, PER LENS, SINGLE	V2121; V2121, U1
SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS	V2200
SPHERE, BIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	V2201
SPHERE, BIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS	V2202
SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS	V2203
SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	V2205
SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, OVER 6.00D CYLINDER, PER	V2210
LENTICULAR (MYODISC), PER LENS, BIFOCAL	V2215
BIFOCAL SEG WIDTH OVER 28 MM	V2219
LENTICULAR LENS, PER LENS, BIFOCAL	V2221
SPHERE, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS	V2300
SPHERE, TRIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	V2301

TRIFOCAL SEG WIDTH OVER 28 MM	V2319
SLAB OFF PRISM, GLASS OR PLASTIC, PER LENS	V2710
PRISM, PER LENS	V2715
ADDITION TO LENS; TINT, ANY COLOR, SOLID, GRADIENT OR EQUAL, EXCLUDES PHOTOCROMATIC, ANY LENS MATER	V2745
ANTI-REFLECTIVE COATING, PER LENS	V2750
EYE GLASS CASE	V2756
OVERSIZE LENS, PER LENS	V2780
LENS, POLYCARBONATE OR EQUAL, ANY INDEX, PER LENS	V2784; V2784, U1
VISION ITEM OR SERVICE, MISCELLANEOUS	V2799