

<b>FY25 - Health Home Fee Schedule (Effective 01/01/2025)</b>					
<b>CPT Code</b>	<b>Service Description</b>	<b>Limitations</b>	<b>Rate</b>	<b>Provider</b>	<b>**POS</b>
W1760	Intake assessment/enrollment: must include the following: demographic information and identifiers, conditions qualifying participants for the Health Home, additional chronic conditions or risk factors, as applicable, baseline health indicators, and social indicators	Cannot be utilized as one of the monthly service visits for reimbursement for W1761	\$145.76	32 (OTP)	58, 11, 15, 49
				PR (PRP)	11, 49, 52, 15
				MT (Mobile)	11, 15, 49
W1761	Monthly services: A total of two services per month from the following 6 core areas: Comprehensive Care Management, Comprehensive Transitional Care, Care Coordination, Individual and Family Support, Health Promotion, Referral to Community and Social Support	Must submit within 30 days of the end of the month for which they are requesting payment.	\$145.76	32 (OTP)	58, 11, 15, 49
				PR (PRP)	11, 49, 52, 15
				MT (Mobile)	11, 15, 49
W1762 with applicable "H" modifier	<u>Modifier to designate the Health Home core service rendered:</u> H1--Comprehensive Care Management H2--Care Coordination H3--Health Promotion H4--Comprehensive Transitional Care H5--Individual and Family Support H6--Referral to Community and Social Support	Must submit within 30 days of the end of the month for which they are requesting payment.	non-billable	32 (OTP)	58, 11, 15, 49
				PR (PRP)	11, 49, 52, 15
				MT (Mobile)	11, 15, 49