

<b>FY24 - Health Home Fee Schedule (Effective 01/01/2024)</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	\$141.51	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.	\$141.51	32 (OTP)	58, 11, 15, 49
				PR (PRP)	11, 49, 52, 15
				MT (Mobile)	11, 15, 49