FY23 - Health Home Fee Schedule (Effective 07/01/2022)					
CPT Code	Service Description	Limitations	Rate	Provider	**POS
W1760	Intake assessment/enrollment: must include the following: demographic information and identifiers,	Cannot be utilized as one of the monthly service	\$127.21	32 (OTP)	58, 11, 15, 49
	conditions qualifying participants for the Health	visits for reimbursement for W1761		PR (PRP)	11, 49, 52, 15
	as applicable, baseline health indicators, ands social indicators			MT (Mobile)	11, 15, 49
W1761	Monthly services: A total of two services per month from the following 6 core areas: Comprehensive	Must submit within 30 days of the end of the month for	\$127.21	32 (OTP)	58, 11, 15, 49
	Care Management, Comprehensive Transitional Care, Care Coordination, Individual and Family	which they are requesting payment.		PR (PRP)	11, 49, 52, 15
	Support, Health Promotion, Referral to Community and Social Support			MT (Mobile)	11, 15, 49