Service Table 9-Supplemental Services Codes

Supplemental Codes are codes that describe additional and simultaneous services that were provided to the beneficiary during the visit or codes that describe the additional severity of the patient's condition. For example, T1013 indicates that interpretation was provided during the visit while 90785 indicates that certain factors increase the complexity of a patient's treatment. Supplemental codes cannot be billed independently. They must be billed with a/another (primary) procedure.

Service	Code	SD/MC Allowable Disciplines	Allowable Place of Service	Lockout Codes Note: The below **outpatient** services are locked out against inpatient and 24-hour services except for the date of admission.	Dependent on Codes	Medicare COB Required?	Maximum Units that Can be Billed	Allowable Modifiers
Caregiver Assessment Administration of Care-Giver Focused Risk Assessment, 15 Minutes	96161	• MD/DO • Pharm • PhD/PsyD (Licensed or Waivered) • LCSW (Licensed, Registered or Waivered) • PCC (Licensed, Registered or Waivered) • MFT (Licensed, Registered or Waivered) • PA • NP/CNS (Certified) • OT, • RN, LVN	All except 09	90791 90792 90832-90834 90836-90838 96105 96110* 96112-96113 96116 96121 96125 96127 96130-96133 96136-96139 96146	90885 96110 98966-98968 99218-99220 99234-99236 99441-99443 H0031 H2000 T1001	Yes	1 per calendar year	59 93 95 GC HK HL HV HW XE XP XU
Sign Language or Oral Interpretive Services, 15 Minutes	T1013	All disciplines found in Table 1, including non-licensed practitioners	All except 09	90785	90791-90792 90832-90834 90836-90840 90845 90847 90849 90853	No	Variable	GC HK HL HV HW SC

Service	Code	SD/MC Allowable Disciplines	Allowable Place of Service	Lockout Codes **Note:** The below **outpatient** services are locked out against inpatient and 24-hour services except for f the date of admission.	Dependent on Codes	Medicare COB Required?	Maximum Units that Can be Billed	Allowable Modifiers
					90865			
					90867-90870			
					90880			
					90885			
					96105			
					96110			
					96112-96113			
					96116			
					96121			
					96125			
					96127			
					96130-96133			
					96136-96139			
					96365-96377			
					98966-98968			
					99202-99205			
					99212-99215			
					99217-99220			
					99231-99236			
					99241-99245			
					99251-99255			
					99304-99310			
					99324-99328			
					99334-99337			
					99341-99345			
					99347-99350			
					99366-99368			
					99441-99443			
					99484			
					99605-99607			

Service	Code	SD/MC Allowable Disciplines	Allowable Place of Service	Lockout Codes **Note:** The below **outpatient** services are locked out against inpatient and 24-hour services except for f the date of admission.	Dependent on Codes	Medicare COB Required?	Maximum Units that Can be Billed	Allowable Modifiers
					G2212 H0031 H0032 H0033 H0034 H2000 H2011 H2017 H2019 H2021 S5145 T1001 T1017			

* Except with modifiers 59, XE, XP, or XU. Modifiers have to be on the target or excluded service.