

## Care Coordinators Reporting TEFRA Services

The Tax Equity and Fiscal Responsibility Act (TEFRA) is a specialized Medicaid program for children with disabilities and significant medical needs. The TEFRA program allows these children to remain in their residence instead of residing in a long-term care facility.

TEFRA care coordinators may receive payment for TEFRA screenings, initial assessments, and annual reassessments for a member's level of care and plan of care. Please note that care coordinators must receive an assessment coupon from the Division of Public Assistance validating member eligibility for the service provided in order to bill for TEFRA services.

Use the following procedure code and accompanying modifier when billing for TEFRA services. These codes must be used on all TEFRA-related claims.

TEFRA Service	Procedure Code	Modifier	Service Limit
Program Intake Screening	T1023	CG**	1*
Service Assessment	T2024	-	1*
Service Reassessment	T2024	U4	1 per 365 days
Plan of Care Development	T2024	CG**	1 per 365 days

\*upon entering program  
 \*\*new modifier requirement

Reprocessing of previously-denied TEFRA-related care coordination services will include use of the CG modifier for program intake screen and POC development.

Codes used for Waiver-related care coordination services have not changed. If billing for Waiver services, use the following procedure codes:

Waiver Service	Procedure Code	Modifier
Program Intake Screening	T1023	-
Case Management	T2022	-
Plan of Care Development	T2024	U2

Questions? Contact Provider Inquiry at 907.644.6800 (option 1, 1), or 800.770.5650 (option 1, 1, 1).

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