



RI Medicaid

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# Provider Reference Manual

## Home and Community Based Services

*Version 1.12*  
*December 2024*

## Revision History

| Version | Date           | Sections Revised                                                                                                                                                                                                         | Reason for Revisions                                                                                                                                                                                                                                                 |
|---------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.0     | November, 2013 | All sections                                                                                                                                                                                                             | New manual format                                                                                                                                                                                                                                                    |
| 1.1     | March, 2014    | Remove CMS Interactive instructions                                                                                                                                                                                      | New CMS form (02/12)                                                                                                                                                                                                                                                 |
| 1.2     | April, 2014    | Provider Enrollment                                                                                                                                                                                                      | NPI project – No longer assigning provider number                                                                                                                                                                                                                    |
| 1.3     | February, 2015 | TP Agreement and Eligibility Verification                                                                                                                                                                                | Healthcare Portal                                                                                                                                                                                                                                                    |
| 1.4     | November, 2015 | All                                                                                                                                                                                                                      | Hewlett Packard Enterprise                                                                                                                                                                                                                                           |
| 1.5     | July, 2017     | Enrollment, medical necessity, timely filing, Intellectual Disabilities, Core Community Services                                                                                                                         | Removed sections that are now in General Guidelines Manual. Remove table for intellectual disability, and add link to BHDDH rate page, add S5170 with no modifier to table. Revise description of services and update codes. Remove codes for Home Health Final Rule |
| 1.6     | January, 2020  | Habilitation Community and Group Home                                                                                                                                                                                    | Add case management procedure code.                                                                                                                                                                                                                                  |
| 1.7     | May 2021       | All sections reviewed                                                                                                                                                                                                    | Gainwell Technologies and OHA                                                                                                                                                                                                                                        |
| 1.8     | September 2021 | Added Severely Disabled Home Care Services                                                                                                                                                                               | New program                                                                                                                                                                                                                                                          |
| 1.9     | June 2023      | Self -Direction Community Services, Office of Healthy Aging Core Community Program (OHA Core Community Services), Office of Healthy Aging Assisted Living Program, RI Housing Assisted Living Program, Home Health Rates | Expanded home delivered meal coverage, new Assisted Living tiers, removal of RI Housing program reference, updated share living codes, information on home health enhancements                                                                                       |
| 1.10    | September 2023 | All sections were reviewed                                                                                                                                                                                               | Correct the Procedure Code for Adult Day Care from S5120 to S5102                                                                                                                                                                                                    |
| 1.11    | September 2024 | Added HCBS in an Acute Hospital setting                                                                                                                                                                                  | Update to waiver/programs<br>Added modifier to S5125                                                                                                                                                                                                                 |
| 1.12    | December 2024  | Added Guidance for Delivering Home Care Services for More Than One Member in a Household                                                                                                                                 | Requested by State                                                                                                                                                                                                                                                   |

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## INTRODUCTION

The Rhode Island Executive Office of Health and Human Services (EOHHS), in conjunction with Gainwell Technologies, developed provider manuals for all RI Medicaid Providers. The purpose of this guide is to assist Medicaid providers with Medicaid policy, coverage information and claim reimbursement for this program. General information is found in the [General Guidelines Reference Manual](#). The Gainwell Technologies Customer Service Help Desk is also available to answer questions not covered in these manuals.

Gainwell Technologies can be reached by calling:

- 1-401-784-8100 for local and long-distance calls
- 1-800-964-6211 for in-state toll calls or border community calls

## Home and Community Based Services

Rhode Island provides home and community-based services under the authority of the RI Comprehensive 1115 Demonstration. The Comprehensive 1115 Demonstration establishes a Federal-State compact that provides the State with greater flexibility to provide services in a more cost-effective way that will better meet the needs of Rhode Islanders.

## Provider Participation Guidelines

To participate in the Rhode Island Medicaid Program, providers must meet the following requirements:

- Providers must be located and be performing services in Rhode Island (except for [border communities](#)).
- In-state providers must be licensed or certified by the state of Rhode Island. Out-of-state providers must be licensed or certified in their respective states.

## RI housing

Providers are periodically recertified by the State of Rhode Island. Providers obtain license or certification through the appropriate state department. Out of state providers must forward a copy of the renewal documentation to Gainwell Technologies. Gainwell Technologies should receive this information at least five business days prior to the expiration date on of the license or certification. Failure to do so will result in suspension from the program.

## **REIMBURSEMENT OF CLAIMS**

### **Claim Billing Guidelines**

Claims should be billed electronically. If a paper claim must be submitted, it should be billed on the appropriate form: Waiver /Rehab or CMS 1500. Instructions for completing the Waiver/Rehab and CMS 1500 claim form are located in [Claims Processing](#). Links can also be found in the appendix.

### **Reimbursement Guidelines**

A list of procedure codes is located in each of the individual programs located on the following pages.

Providers must bill the Medicaid Program at the same usual and customary rate as charged to the general public and not at the published fee schedule rate. Rates discounted to specific groups (such as Senior Citizens) must be billed at the same discounted rate to Medicaid. Payment to providers will not exceed the maximum reimbursement rate of the Medicaid Program.

### **Co-insurance, Deductible, and Co-payments**

Medicaid Program recipients who have other insurance and co-payments for insurance coverage may have a co-insurance, deductible, and/or co-payment liability amount that must be met. The other insurance carrier must be billed first, then the provider must submit the other carrier's EOB with the claim. If the other insurance has paid for the service, the Medicaid Program will pay any co-insurance, deductible, and/or co-payment as long as the total amount paid by the other insurance does not exceed the Medicaid Program allowed amount(s) for the service(s).

### **Patient Liability**

Unless otherwise stipulated, the Medicaid Program reimbursement is considered payment in full. The provider is not permitted to seek further payment from the recipient in excess of the Medicaid Program rate. When it is stipulated that a recipient must "spend down" or contribute a portion of their personal income towards the cost of care, the amount of the recipient share will be indicated on the notice sent to the recipient.

### **Definition of Terms**

#### **Homemaker**

Services that consist of the performance of general household tasks (e.g., meal preparation and routine household care) provided by a qualified homemaker, when the individual regularly responsible for these activities is temporarily absent or is unable to manage the home and care for him/herself or others in the home. Home makers shall meet such standards of education and training as are established by the state for the provision of these activities.

#### **Personal Care Services**

Personal Care Services provide direct support in the home or community to an individual in performing activities of daily living (ADL) tasks (e.g. bathing, dressing, eating, grooming, mobility,

toileting, and transferring) that he/she is functionally unable to complete independently due to disability. Personal care services may be provided by:

1. A Certified Nursing Assistant which is employed under a state licensed home care/ home health agency and meets such standards of education and training as are established by the State for the provision of these activities.
2. A Personal Care Attendant via Employer Authority under the Self Direction option.

### **Combined Homemaker /Personal Care Services**

Consists of any combination of Homemaker and Personal Care Services as defined by the Case Manager in the case plan.

### **Federal Definition - Personal Care Services**

42 CFR § 440.167 defines personal care services as:

Unless defined differently by a State agency for purposes of a waiver granted under part 441, subpart G of this chapter—

- (a) Personal care services means services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for individuals with intellectual disabilities, or institution for mental disease that are—
  - (1) Authorized for the individual by a physician in accordance with a plan of treatment or (at the option of the State) otherwise authorized for the individual in accordance with a service plan approved by the State;
  - (2) Provided by an individual who is qualified to provide such services and who is not a member of the individual's family; and
  - (3) Furnished in a home, and at the State's option, in another location.
- (b) For purposes of this section, *family member* means a legally responsible relative

### **Case Management**

Services that assist participants in gaining access to needed Long Term Services and Supports (LTSS) and other state plan services, as well as needed medical, social, educational and other services, regardless of the funding source for the services to which access is gained. Case managers are responsible for on-going monitoring of the provision of services included in the individual's plan of care. Case managers initiate and oversee the process of assessment and reassessment of the individual's level of care and review plans of care on an annual basis and where there are significant changes in client circumstances. Case management services may be performed by:

1. Contracted entities
2. State staff designated to perform these activities

### LPN Services

Licensed Practical Nurse (LPN) services are provided under the supervision of a Registered Nurse (RN). LPN services are available to participants who require interventions beyond the scope of Certified Nursing Assistant (C.N.A) duties. LPN services are provided in accordance with the Nurse Practice Act under the supervision of a Registered Nurse. This service is aimed at individuals who have achieved a measure of medical stability despite the need for chronic care nursing interventions.

Homemaker/LPN services require a prior authorization.

An assessment and approval must be completed by a RN in the Executive Office of Health and Human Services or the Department of Behavioral Health Developmental Disabilities and Hospitals.

### Day Habilitation

Assistance with acquisition, retention or improvement in self-help, socialization and adaptive skills which take place in a non-residential setting, separate from the home or facility in which the individual resides.

### Supported Employment

Includes activities needed to sustain paid work by individuals receiving home and community-based services, including supervision, transportation and training. When supported employment services are provided at a work site in which persons without disabilities are employed, payment will be made only for the adaptations, supervision, and training required by an individual receiving home and community-based services as a result of his/her disabilities, and will not include payment for the supervisory activities rendered as a normal part of the business setting.

### Home and Community Based Services Personal Care in an Acute Hospital Setting

Rhode Island received federal approval to reimburse Personal Care services for HCBS participants when the participant is in an acute hospital setting. Because these services will take place in a hospital rather than the participant's home, these claims will not have an Electronic Visit Verification (EVV) requirement.

#### Requirements:

- Personal Care services can ONLY be billed for hospitalized HCBS participants if the participant's Person-Centered Plan includes information on the individual's need for Personal Care services in the hospital setting. Providers should review participants' Person-Centered Plans to be aware of what services, if any, the participant expects to need in the event of a hospital stay.

- This service will be included in the existing prior authorizations that are active and in place for members. Services must stay within the allotted units/hours of the existing authorized hours/units for the week.
- Personal Care services can ONLY be billed for hospitalized HCBS participants if those services do not duplicate or substitute what hospitals are supposed to do for patients.
- Gainwell Technologies has updated the Personal Care code S5125 to include a new modifier (UA) for Personal Care services in a hospital setting. Please note that this option applies ONLY to Personal Care, not to Homemaker or combined personal care/homemaker services. The new S5125 modifier is available ONLY for individuals in the following waiver/programs:
  - LTSS HCBS Services
  - OHA Community Waiver Program
  - Habilitation Community Services
  - BHDDH Community Services

### Home and Community Based Services Intellectually Disabled (BHDDH)

The Division of Developmental Disabilities is responsible for planning, providing and administering a community system of services and supports for adults with developmental disabilities (DD). While safeguarding the health and safety of people with DD, the Division promotes human rights and ensures equitable access to and allocation of available resources in order to be responsive to the needs of each individual. The Division funds a statewide network of community services and supports for this population through a variety of community provider agencies. Support is available in categories such as Residential Services, Day/Employment Services and Community-based Supports.

Recipients must have Medicaid eligibility and an active BHDDH segment. The recipient may have a patient liability and BHDDH must authorize the services. For the appropriate procedure code and modifier(s), consult the [BHDDH Rate Sheet](#) for the Developmental Disabilities.

### LTSS-HCBS Services

LTSS-HCBS Services is a set of services provided to individuals who have chosen to receive their care at home. Individuals must be assessed to have a high or highest level of care. Below are the services provided under LTSS-HCBS Services:

| Procedure Code | Modifier | Description (15 min)                 |
|----------------|----------|--------------------------------------|
| S5102          |          | Adult Day Care                       |
| S5125          |          | Personal Care Only                   |
| S5125          | U1       | Combined Personal Care and Homemaker |
| S5125          | UA       | Personal Care Only Inpatient Setting |
| S5130          |          | Homemaker Only                       |
| S5130          | TE       | Homemaker LPN                        |
| S5165          |          | Home modification, per service       |

|       |    |                                                                                                              |
|-------|----|--------------------------------------------------------------------------------------------------------------|
| S5160 |    | Emergency response                                                                                           |
| S5161 |    | Emergency response – monthly                                                                                 |
| S5170 |    | Home delivered meals, including preparation, per meal                                                        |
| S5170 | U1 | Frozen meal                                                                                                  |
| S5170 | U2 | Shelf staple                                                                                                 |
| S5170 | UF | Service provided in the morning                                                                              |
| S5170 | U4 | Cultural meal                                                                                                |
| S5170 | U5 | Therapeutic meal                                                                                             |
| T1028 |    | Assessment of Home, physical and family environment, to determine suitability to meet patients medical needs |
| T1017 |    | Targeted case management                                                                                     |
| T1001 |    | Nursing Assessment                                                                                           |

Notes: Must have Medicaid eligibility.

Must have an active Core Community Service eligibility segment.

Recipient may have a share.

## Habilitation Community Services

Habilitation Community Services are provided to individuals who meet a Hospital Level of Care and have chosen to receive their services at home.

| Procedure Code | Modifier | Description                                                                                                  |
|----------------|----------|--------------------------------------------------------------------------------------------------------------|
| T1016          |          | Case Management, 15 minutes                                                                                  |
| T2021          |          | Day Habilitation – 15 minutes                                                                                |
| T2019          |          | Habilitation supported employment - 15 minutes                                                               |
| T2038          |          | Community Transition                                                                                         |
| T1028          |          | Assessment of Home, physical and family environment, to determine suitability to meet patients medical needs |
| S5170          |          | Home delivered meals, including preparation, per meal                                                        |
| S5170          | U1       | Frozen meal                                                                                                  |
| S5170          | U2       | Shelf staple                                                                                                 |
| S5170          | U4       | Cultural meal                                                                                                |
| S5170          | U5       | Therapeutic meal                                                                                             |
| S5170          | UF       | Service provided in the morning                                                                              |
| S5165          |          | Home Modification, per service                                                                               |
| S5160          |          | Emergency response- Installation                                                                             |
| S5161          |          | Emergency response – monthly                                                                                 |
| T1000          |          | Private duty nursing                                                                                         |
| S5130          |          | Homemaker                                                                                                    |
| S5125          |          | Personal care                                                                                                |
| S5125          | U1       | Combined homemaker and personal care                                                                         |

|       |    |                                      |
|-------|----|--------------------------------------|
| S5125 | UA | Personal Care Only Inpatient Setting |
| S5102 |    | Adult Day Care                       |
| T2022 |    | Case management, per month           |
| T1001 |    | Nursing Assessment                   |

Notes: Must have Medicaid eligibility  
Must have an active “Habilitation Community Service” segment

## Habilitation Group Home

Habilitation Group Home Services are provided to individuals who have a diagnosis of a traumatic brain injury and who have been found to meet a hospital level of care.

| Procedure Code | Description                                                                                                  |
|----------------|--------------------------------------------------------------------------------------------------------------|
| T1016          | Case Management, 15 minutes                                                                                  |
| T2016          | Habilitation residential per diem                                                                            |
| T1028          | Assessment of Home, physical and family environment, to determine suitability to meet patients medical needs |

Notes: Must have Medicaid eligibility  
Must have an active “Habilitation Group Home” segment

## Self -Direction Community Services

Self- Directed Services are provided to individuals who have chosen to receive care at home and are capable of self- directing their care. This option allows individuals to hire, fire and train their own employees.

| Procedure Code | Modifier | Description                                           |
|----------------|----------|-------------------------------------------------------|
| T2025          |          | Fiscal Management                                     |
| T1019          |          | Personal Care Services (Clients billing with EVV)     |
| S5135          |          | Personal Care Services (Clients billing without EVV)  |
| T2022          |          | Case Management – per month                           |
| S5170          |          | Home delivered meals, including preparation, per meal |
| S5170          | U1       | Frozen meal                                           |
| S5170          | U2       | Shelf staple                                          |
| S5170          | UF       | Service provided in the morning                       |
| S5170          | U4       | Cultural Meal                                         |
| S5170          | U5       | Therapeutic Meal                                      |
| T1999          |          | Miscellaneous therapeutic items                       |
| S5160          |          | Emergency response - Installation                     |
| S5161          |          | Emergency response – monthly                          |
| S5165          |          | Home modification, per service                        |

|       |  |                                     |
|-------|--|-------------------------------------|
| S5102 |  | Adult Day Care                      |
| S9999 |  | Goods/services, taxes, workers comp |

### Office of Healthy Aging Core Community Program (OHA Core Community Services)

OHA Core Community Services is a set of services provided to individuals 65 or over, who have chosen to receive their care at home. Individuals must be assessed to have a high or highest level of care.

| Procedure Code | Modifier | Description (15 min)                                                                                         |
|----------------|----------|--------------------------------------------------------------------------------------------------------------|
| S5102          |          | Adult Day Care                                                                                               |
| S5125          |          | Personal Care Only                                                                                           |
| S5125          | U1       | Combined Personal Care and Homemaker                                                                         |
| S5125          | UA       | Personal Care Only Inpatient Setting                                                                         |
| S5130          |          | Homemaker Only                                                                                               |
| S5165          |          | Home modification per service                                                                                |
| S5160          |          | Emergency response                                                                                           |
| S5161          |          | Emergency response – monthly                                                                                 |
| S5170          |          | Home delivered meals, including preparation, per meal                                                        |
| S5170          | U1       | Frozen meal                                                                                                  |
| S5170          | U2       | Shelf staple                                                                                                 |
| S5170          | UF       | Service provided in the morning                                                                              |
| S5170          | U4       | Cultural meal                                                                                                |
| S5170          | U5       | Therapeutic meal                                                                                             |
| T1028          |          | Assessment of Home, physical and family environment, to determine suitability to meet patients medical needs |
| T1016          |          | Case management                                                                                              |
| T1001          |          | Nursing Assessment                                                                                           |

Notes: Must have Medicaid eligibility.  
 Must have an active OHA eligibility segment.  
 Recipient may have a share.

### Office of Healthy Aging Assisted Living Program

Individuals live in apartment-like setting with 24-hour support services, supervision, meals, housekeeping services and personal care.

| Procedure Code | Modifier | Description                                 |
|----------------|----------|---------------------------------------------|
| T2031          |          | Assisted Living Per Diem Tier A: Basic/Core |

|       |    |                                                               |
|-------|----|---------------------------------------------------------------|
| T2031 | UB | Assisted Living Per Diem Tier B: Enhanced                     |
| T2013 | UC | Assisted Living Per Diem Tier C: Intensive/Highly Specialized |
| T1016 |    | Case Management                                               |

Notes: Must have Medicaid eligibility.

Must have an active OHA AL segment.

Recipient may have a share.

Providers must be authorized to bill Assisted Living T2031 UB and UC after completion of application. Certification Standards, Application, and FAQs are available online: information is available here: <https://eohhs.ri.gov/providers-partners/certification-standards>

## Shared Living

Shared living services allow individuals to remain in the community and receive 24/7 supports from an eligible caregiver of their choosing. Individuals choosing Shared living must have a high or highest level of care.

| Procedure Code | Modifier(s) | Description                                                                                                  |
|----------------|-------------|--------------------------------------------------------------------------------------------------------------|
| T2025          |             | Waiver services, NOS                                                                                         |
| T1028          |             | Assessment of home, physical and family environment, to determine suitability to meet patients medical needs |
| T1005          |             | Respite care services, up to 15 mins                                                                         |
| S5136          |             | Companion Care, Adult (ADL/IADL) per diem                                                                    |
| S5136          | TG          | Stipend, per diem, highest LOC, attended adult day                                                           |
| S5136          | TG U1       | Stipend, per diem, highest LOC, no adult day                                                                 |
| S5136          | U1          | Stipend, per diem, high LOC, no adult day                                                                    |
| S5136          | U1 UN       | Second participant stipend, per diem, high LOC, no adult day                                                 |
| S5136          | UN          | Second participant stipend, per diem, high LOC, client attended adult day                                    |
| S5136          | TG UN       | Second participant stipend, per diem, highest LOC, attended adult day                                        |
| S5136          | TG U1 UN    | Second participant stipend, per diem, highest LOC, no adult day                                              |
| S5160          |             | Emergency Response System; installation and testing                                                          |
| S5161          |             | Emergency Response System; service fee per month                                                             |
| S5102          |             | Day care services, Adult, per diem                                                                           |
| S5165          |             | Home Modification, per service                                                                               |

## Medicaid Preventive Services

Medicaid Preventive Services are services provided to individuals who require minimal assistance with ADL's/IADL's. Individuals are Medicaid Eligible but do not need to meet LTC eligibility requirements. Individuals must meet the preventive level of care.

| Procedure Code | Modifier | Description                              |
|----------------|----------|------------------------------------------|
| S5130          |          | Homemaker                                |
| S5125          | U1       | Combined homemaker and Personal care aid |
| S5102          |          | Adult Day Care                           |
| T1001          |          | Nursing Assessment                       |

Notes: Must have Medicaid eligibility

Must have an active preventive community services segment

### Office of Healthy Aging @ Home Cost Share Program (formerly Co-Pay Program)

The Home and Community Care @ Home Cost Share Program pays a portion of the cost of personal care and adult day services. An individual must be unable to leave home without considerable assistance and must need help with personal care. Income limit is up to 200% of FPL; there is no asset limit.

| Procedure Code | Modifier | Description                                      |
|----------------|----------|--------------------------------------------------|
| S5125          | U1       | Combined Personal Care and Homemaker -15 minutes |
| S5102          |          | Adult Day Care – per diem                        |

Notes: Must not be eligible for Medicaid

Must have Prior Authorization, approved by OHA

Recipient will have an hourly co pay for personal care and homemaker

Recipient will have daily co pay for Adult Day Care

### Modifiers for T1000 and S5125

| Modifiers for S5125 and T1000 |                                                                                 |
|-------------------------------|---------------------------------------------------------------------------------|
| Modifier                      | Description                                                                     |
| UH                            | Evening shift (3:00-11:00 PM)                                                   |
| UJ                            | Night shift (11:00 PM-7:00 AM)                                                  |
| TV                            | Weekend shift                                                                   |
| TV                            | Holiday shift                                                                   |
| U1                            | Combined services (personal care & homemaking with S5125 only)                  |
| U9                            | High Acuity (Can only be billed with S5125. Cannot bill high acuity with T1000) |
| UA                            | Personal Care Only Inpatient Setting (Can only be billed with S5125)            |
| Modifiers for T1000 (LPN)     |                                                                                 |
| Modifier                      | Description                                                                     |
| TE                            | Day shift LPN                                                                   |
| UH TE                         | Evening shift LPN                                                               |
| UJ TE                         | Night shift LPN                                                                 |
| TV TE                         | Weekend shift LPN                                                               |
| TU TV                         | Holiday shift LPN                                                               |

Note: T1000 requires Prior Authorization

## Guidance for Delivering Home Care Services for More Than One Member in a Household

Home care services which include procedure codes T1000, T1001, S5125, S5130, and associated modifiers should be delivered and billed as one-on-one care only. This does not preclude the same provider from delivering services to two people in the same household.

1. Care and billing should be separate for each member and not delivered to two members simultaneously.
2. Timing according to the EVV data should align with the billing for each member of the household.
3. If two members of a household need care the care should be delivered at different times for each member if being delivered by the same R.N. or C.N.A.
4. There needs to be eligibility and a prior authorization for each member that determines the amount of hours per week for each member.

## S5125, S5125 U1, and S5130 Enhanced Home Health Rates

Additional payment through enhancements is available for S5125 (Personal Care), S5125 U1 (Personal Care and Homemaker Combined), and S5130 (Homemaker) procedure.

Enhancements increase the base rate paid to a provider for all claims. Interested providers should access the application and related information posted on the [EOHHS website](#).

## Severely Disabled Home Care Services

This is a category for medically complex children who require medically necessary private duty nursing and/or CNA services. The child must be enrolled into this category in order for an authorization to be entered and the claim to be paid.

| Procedure Code | Modifier | Description                                                           |
|----------------|----------|-----------------------------------------------------------------------|
| S5125          |          | Personal Care Only                                                    |
| S5125          | U1       | Combined Personal Care and Homemaker for <b>ages 21 and over only</b> |
| T1001          |          | Nursing Assessment                                                    |
| T1000          |          | Private Duty Nursing                                                  |

Notes: Must have Medicaid eligibility.

Must have an active Severely Disabled Home Care Service eligibility segment.

Recipient may have a share.

S5125 U1 Combined Personal Care is for ages 21 and over only



## Appendix

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### Claim Preparation Instructions

[Waiver Services – Waiver/Rehab Claim Form](#) 

[Waiver Form Filing Instructions](#) 

[Waiver Services – CMS 1500 Claim Form](#) 

[CMS 1500 Form Filing Instructions](#) 

### Error Status Codes

[ESC Code List](#) (English) 

### Explanation of Benefits (EOB) Codes

[EOB Codes and Messages List](#) (English) 

[EOB Codes and Messages List](#) (Spanish)

### Third Party Liability Carrier and Coverage Codes

[Third Party Liability \(TPL\) Carrier Codes](#)

[Third Party Liability \(TPL\) Coverage Codes](#)