APPENDIX 4
HCPCS PROCEDURE CODE AND COPAYMENT TABLE FOR MEDICAL DAY TREATMENT SERVICES

Procedure Code	Description	Copayment
W8910	Day Treatment Inpatient Recipient (1 hour)	$ .50/day
W8911	Day Treatment Outpatient Recipient (1 hour)	$ .50/day
W8912	Day Treatment Nursing Home Recipient (1 hour)	$ .50/day
W8913	Functional Assessment Positive Dx (1 hour)	$ .50/day
W8914	Functional Assessment Negative Dx (1 hour)	$ .50/day
W8988	Limitation-Exceeded Functional Assessment (POS)/1 hour	$2.00/hour
W8989	Limitation-Exceeded Functional Assessment (NEG)/1 hour	$2.00/hour