

CHAPTER 14: CHILDREN'S CHOICE WAIVER

APPENDIX E – BILLING CODES

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BILLING CODES

The Children's Choice Waiver has a \$20,650.00 budget for all services. Planning for services is crucial for Children's Choice Waiver beneficiaries as over utilization of services does not constitute necessity for Crisis Designation.

<u>HIPAA CODE NAME</u>	<u>PROVIDER TYPE</u>	<u>SPECIALTY</u>	<u>SUB-SPECIALTY</u>	<u>SERVICE DEFINITION</u>	<u>PROCEDURE CODE</u>	<u>MODIFIER</u>	<u>RATE</u>	<u>STANDARD UNIT OF SERVICE</u>	<u>ANNUAL SERVICE LIMIT</u>
<u>Support Coordination</u>									
<u>Case Management</u>	<u>45</u>			<u>Support Coordination</u>	<u>T2022</u>		<u>\$162.50</u>	<u>Monthly</u>	<u>12</u>
<u>Family Support Services (Residential)</u>									
<u>Attendant Care Services</u>	<u>03</u>	<u>9E</u>		<u>Family Support</u>	<u>S5125</u>		<u>\$4.38</u>	<u>15 minutes</u>	
	<u>03</u>	<u>9E</u>		<u>Family Support 2 Children</u>	<u>S5125</u>	<u>UN</u>	<u>\$3.01</u>	<u>15 minutes</u>	
<u>Family Training</u>									
<u>Home Care Family Training</u>	<u>03</u>	<u>9E</u>		<u>Family Training</u>	<u>S5111</u>				<u>Based on CPOC Funds Availability</u>
<u>Crisis Supports/Respite</u>									
<u>Crisis Intervention</u>	<u>03</u>	<u>9E</u>		<u>Crisis Support</u>	<u>H2011</u>		<u>\$3.88</u>	<u>15 minutes</u>	
	<u>03</u>	<u>9E</u>		<u>Crisis Support 2 Children</u>	<u>H2011</u>	<u>UN</u>	<u>\$2.76</u>	<u>15 minutes</u>	
	<u>03</u>	<u>9E</u>		<u>Crisis Support Center Based</u>	<u>H2011</u>	<u>HQ</u>	<u>\$2.44</u>	<u>15 minutes</u>	
<u>Respite Services</u>									
<u>Center Based Respite</u>	<u>03</u>	<u>9E</u>		<u>Respite Care</u>	<u>T1005</u>	<u>HQ</u>	<u>\$3.38</u>	<u>15 minutes</u>	
<u>Adaptation/Accessibility Services</u>									
<u>Home Modification</u>	<u>03</u>	<u>9E</u>		<u>Ramp-Home</u>	<u>S5165</u>	<u>U4</u>			<u>Based on CPOC Funds Availability</u>

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<u>03</u>	<u>9E</u>		<u>Bathroom Modification</u>	<u>S5165</u>	<u>U5</u>		
<u>03</u>	<u>9E</u>		<u>General Adaptation Home</u>	<u>S5165</u>			

<u>HIPAA CODE NAME</u>	<u>PROVIDER TYPE</u>	<u>SPECIALTY</u>	<u>SUB-SPECIALTY</u>	<u>SERVICE DEFINITION</u>	<u>PROCEDURE CODE</u>	<u>MODIFIER</u>	<u>RATE</u>	<u>STANDARD UNIT OF SERVICE</u>	<u>ANNUAL SERVICE LIMIT</u>
<u>Adaptation/Accessibility Services continued</u>									
<u>Vehicle Modification</u>	<u>03</u>	<u>9E</u>		<u>Vehicle Lifts</u>	<u>T2039</u>				
<u>Specialized Medical Equipment and Supplies</u>									
<u>Medical Equipment and Supplies</u>	<u>03</u>	<u>9E</u>		<u>Specialized Medical Equipment and Supplies (Lifts)</u>	<u>E0630</u>				<u>Based on CPOC Funds Availability</u>
	<u>03</u>	<u>9E</u>		<u>Specialized Medical Equipment and Supplies (Switches)</u>	<u>E2322</u>				
	<u>03</u>	<u>9E</u>		<u>Specialized Medical Equipment and Supplies (Controls)</u>	<u>E2321</u>				
	<u>03</u>	<u>9E</u>		<u>Specialized Medical Equipment and Supplies (Other)</u>	<u>K0900</u>				
	<u>03</u>	<u>9E</u>		<u>Specialized Medical Equipment and Supplies (Routine maintenance and repairs)</u>	<u>T2029</u>	<u>RB</u>			
<u>Remote Supports</u>	<u>03</u>	<u>9E</u>		<u>Emergency Response System Purchase</u>	<u>S5162</u>				
	<u>03</u>	<u>9E</u>		<u>Emergency Response System</u>	<u>S5162</u>	<u>XU</u>	<u>\$50.00</u>	<u>Monthly</u>	
	<u>03</u>	<u>9E</u>		<u>Medication Reminder Service Per month</u>	<u>S5185</u>		<u>\$75.00</u>	<u>Monthly</u>	
	<u>03</u>	<u>9E</u>		<u>Monitoring feature/device noc</u>	<u>A9279</u>				
	<u>03</u>	<u>9E</u>		<u>Monitoring feature/device noc interactive audio and video</u>	<u>A9279</u>	<u>GT</u>			
	<u>03</u>	<u>9E</u>		<u>Alert device, noc</u>	<u>A9280</u>				

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	<u>03</u>	<u>9E</u>		<u>Home Environment Assessment</u>	<u>T1028</u>		<u>\$450.00</u>	<u>One Time Cannot be provided in the same CPOC year as T2035</u>	
	<u>03</u>	<u>9E</u>		<u>Assistive Technology Supports Consultation</u>	<u>T2035</u>		<u>\$200.00</u>	<u>One Time Cannot be provided in the same CPOC year as T1028</u>	
<u>Professional Services</u>									
<u>Therapeutic Activities Physical Therapy</u>	<u>PT WT</u>	<u>7R</u>		<u>Aquatic Therapy</u>	<u>97113</u>		<u>\$21.25</u>	<u>15 minutes</u>	

<u>HIPAA CODE NAME</u>	<u>PROVIDER TYPE</u>	<u>SPECIALTY</u>	<u>SUB-SPECIALTY</u>	<u>SERVICE DEFINITION</u>	<u>PROCEDURE CODE</u>	<u>MODIFIER</u>	<u>RATE</u>	<u>STANDARD UNIT OF SERVICE</u>	<u>ANNUAL SERVICE LIMIT</u>
<u>Professional Services</u>									
<u>Therapeutic Activities 1-3</u>	<u>PT AP</u>	<u>7T</u>		<u>Art Therapy</u>	<u>H2032</u>		<u>\$13.75</u>	<u>15 minutes</u>	
<u>Therapeutic Activities 4+</u>	<u>PT AP</u>	<u>7T</u>		<u>Art Therapy</u>	<u>H2032</u>	<u>HQ</u>	<u>\$9.08</u>	<u>15 minutes</u>	
<u>Therapeutic Activities 1-3</u>	<u>PT MT</u>	<u>7V</u>		<u>Music Therapy</u>	<u>G0176</u>		<u>\$13.75</u>	<u>15 minutes</u>	
<u>Therapeutic Activities 4+</u>	<u>PT MT</u>	<u>7V</u>		<u>Music Therapy</u>	<u>G0176</u>	<u>HQ</u>	<u>\$9.08</u>	<u>15 minutes</u>	
<u>Therapeutic Activities PT/OT</u>	<u>35/37</u>			<u>Sensory Integration</u>	<u>97533</u>		<u>\$23.92</u>	<u>15 minutes</u>	
<u>Therapeutic Activities PT/OT/ST</u>	<u>PT HT</u>	<u>7Z</u>		<u>Hippotherapy</u>	<u>S8940</u>		<u>\$21.25</u>	<u>15 minutes</u>	
<u>Therapeutic Activities</u>	<u>PT TH</u>	<u>7Y</u>		<u>Therapeutic Horseback Riding</u>	<u>97799</u>		<u>\$9.38</u>	<u>15 minutes</u>	
<u>Permanent Housing Support</u>									
<u>Permanent Supportive Housing</u>	<u>AW</u>	<u>3W</u>		<u>Housing Stabilization</u>	<u>G9012</u>		<u>\$15.11</u>	<u>15 minutes</u>	<u>72</u>
	<u>AW</u>	<u>3W</u>		<u>Housing Stabilization Transition</u>	<u>G9012</u>	<u>U8</u>	<u>\$15.11</u>	<u>15 minutes</u>	<u>93</u>
<u>Financial Services</u>									

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<u>FMS Monthly Administrative Fee</u>	<u>01</u>	<u>4K</u>		<u>Self-Direction Option</u>	<u>W7319</u>		<u>\$105.88</u>	<u>Monthly</u>	
<u>Attendant Care Services</u>	<u>01</u>	<u>4K</u>		<u>Family Support</u>	<u>S5125</u>		<u>\$4.38 NTE</u>	<u>15 minutes</u>	
	<u>01</u>	<u>4K</u>		<u>Family Support 2 Children</u>	<u>S5125</u>	<u>UN</u>	<u>\$3.01 NTE</u>	<u>15 minutes</u>	

~~CHILDREN'S CHOICE WAIVER~~
~~SERVICES PROCEDURE CODES/RATES~~
~~NOTE: Children's Choice Waiver Cap = \$20,650~~
~~Services should not exceed waiver-capped amount~~

Provider Type	HCBS Waiver Service Description	HIPAA Code	Modifier	HIPAA Service Description	Units
45	Children’s Choice (CC) Waiver Support Coordination	T2022		CC Waiver Support Coordination	Monthly \$162.50
03	Crisis Support	H2011		Crisis Intervention	15 minutes \$3.88
03	Family Support	S5125		Attendant Care Services	15 minutes \$4.38
03	Center Based Respite	T1005	HQ	Respite Care	15 minutes \$3.38
03	Family Training	S5111		Home Care Training- Family	Based on Comprehensive Plan of Care (CPOC) Funds Availability
03	Ramp Home	S5165	U4	Home Modifications	
03	Bathroom Modifications	S5165	U5		
03	General Adaptations Home	S5165			
03	Vehicle Lifts	T2039		Vehicle Modifications	
03	Specialized Medical Equipment and Supplies (Lifts)	E0630		Medical Equipment and Supplies	
03	Specialized Medical Equipment and Supplies (Switches)	E2322			
03	Specialized Medical Equipment and Supplies (Controls)	E2321			
03	Specialized Medical Equipment and Supplies (Others)	K0900			
03	Specialized Medical Equipment and Supplies (Routine maintenance and repair)	T2029	RB		

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Provider Type	HCBS Waiver Service Description	HIPAA Code	Modifier	HIPAA Service Description	Units
03	Remote Supports	S5162		Emergency Response System Purchase	
03	Remote Supports	T1028		Home Environment Assessment	\$450.00
03	Remote Supports	S5185		Medication Reminder Service Per month	\$75.00
03	Remote Supports	A9279		Monitoring feature/device noe	
03	Remote Supports	A9279	GT	Monitoring feature/device noe interactive audio and video	
03	Remote Supports	A9280		Alert device, noe	
03	Crisis Support—Two Children	H2011	UN	Crisis Intervention	15 minutes \$2.76
03	Family Support—Two Children	S5125	UN	Attendant Care Services	15 minutes \$3.01
03	Crisis Support—Center Based	H2011	HQ	Crisis Intervention	15 minutes \$2.44
WT	Aquatic Therapy	97113		Physical Therapy (Therapeutic Activities)	\$21.25/15 min \$85/Hr.
AP	Art Therapy	H2032		Therapeutic Activities 1-3	\$13.75/ 15min/ \$55/hr.
AP	Art Therapy	H2032	HQ	Therapeutic Activities 4+	\$9.08/15min \$36.32/hr.
MT	Music Therapy	G0176		Therapeutic Activities 1-3	\$13.75/15min \$55/hr.
MT	Music Therapy	G0176	HQ	Therapeutic Activities 4+	\$9.08/15min \$36.32/hr.
35/37	Sensory Integration	97533		PT/OT Therapeutic Activities	\$23.92/15min \$95.68/hr.
HT	Hippotherapy	S8940		PT/OT/ST Therapeutic Activities	\$21.25/15 min \$85/hr.
TH	Therapeutic Horseback Riding	97799		Therapeutic Activities	\$9.38/15min \$37.52/hr.
AW	Housing Stabilization	G9012		Permanent Supportive Housing	\$15.11/15 Min. \$60.44/ hr.
AW	Housing Stabilization Transition	G9012	U8	Permanent Supportive Housing	\$15.11/15 Min. \$60.44/ hr.
01	Financial Management Service (FMS) Self Direction Option	W7319		FMS Monthly Administrative Fee	\$105.88

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~~The specified modifier is required for this Health Insurance Portability and Accountability Act (HIPAA) code.~~

~~Modifiers: Certain procedure codes will require a modifier in order to distinguish services. The following modifiers are applicable to CC Waiver providers:~~

~~HQ = Group Setting UN = 2 people U4 = ramp U5=bathroom~~

~~NOTE: Planning of services is crucial for CC Waiver participants, over utilization of services does not constitute necessity for Crisis Designation.~~