**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER** 

APPENDIX E: BILLING CODES PAGE(S) 17

#### **BILLING CODES**

The ICAP acuity score determines the ROW budget. All services are subject to the budget.

HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB- SPECIALTY	SERVICE_ DESCRIPTION	PROCEDURZE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	SERVICE LIMITS
			<u>S</u>	upport Coordin	<u>ation</u>					
Case Management	<u>45</u>	<u>81</u>	<u>4W</u>	Support Coordination	<u>T1016</u>			<u>\$176.79</u>	<u>Monthly</u>	<u>12</u>
				Transition Fund	ling					
Community Transition Waiver	<u>2</u>	<u>4A</u>		One time transition service	T2038			\$3000.00		Life time maximum limit
	<u>C</u>	omm	unity	Living Suppor	ts (Resi	dent	ial)			
Attendant Care Services	<u>82</u>	<u>82</u>	<u>4W</u>	Community Living Supports – 1 Person	<u>S5125</u>			<u>\$4.63</u>	15 Minute	
Attendant Care Services	<u>82</u>	<u>82</u>	<u>4W</u>	Community Living Supports – 2 Persons	<u>S5125</u>	<u>UN</u>		<u>\$3.31</u>	15 Minute	
Attendant Care Services	<u>82</u>	<u>82</u>	<u>4W</u>	Community Living Supports – 3 persons	<u>\$5125</u>	<u>UP</u>		<u>\$2.71</u>	15 Minute	
	<b>Host</b>	Home	Serv	vices-Children un	der 18 (	Resid	lentia	<u>d)</u>		
Foster Care	<u>84</u>	<u>84</u>	<u>4W</u>	Host Home Level 1	<u>\$5140</u>	<u>HA</u>		<u>\$52.95</u>	Per diem	
Foster Care	<u>84</u>	<u>84</u>	<u>4W</u>	Host Home Level 2	<u>S5140</u>	<u>TF</u>	<u>HA</u>	<u>\$57.05</u>	Per diem	
Foster Care	<u>84</u>	<u>84</u>	<u>4W</u>	Host Home Level 3	<u>S5140</u>	<u>TG</u>	<u>HA</u>	<u>\$64.11</u>	Per diem	
Foster Care	<u>84</u>	<u>84</u>	<u>4W</u>	Host Home Level 4	<u>S5140</u>	<u>U2</u>	<u>HA</u>	<u>\$68.95</u>	Per diem	

**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER** 

HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB- SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	SERVICE LIMITS
<u>H</u>	lost Ho	ome S	Servi	ces-Adults 18 an	<u>d over</u>	(Res	iden	<u>tial)</u>		
Foster Care Adult	<u>84</u>	<u>84</u>	<u>4W</u>	Host Home Level 1	<u>S5140</u>			<u>\$52.67</u>	Per diem	
Foster Care Adult	<u>84</u>	<u>84</u>	<u>4W</u>	Host Home Level 2	<u>S5140</u>	TF		<u>\$57.05</u>	Per diem	
Foster Care Adult	<u>84</u>	<u>84</u>	<u>4W</u>	Host Home Level 3	<u>S5140</u>	<u>TG</u>		<u>\$64.11</u>	Per diem	
Foster Care Adult	<u>84</u>	<u>84</u>	<u>4W</u>	Host Home Level 4	<u>S5140</u>	<u>U2</u>		<u>\$69.32</u>	Per diem	
	9	Comp	<u>anio</u>	on Care Services	(Resid	<u>entia</u>	<u>l)</u>			
Companion Care, Adult	<u>82</u>	<u>82</u>	<u>4W</u>	Companion Care	<u>S5136</u>			<u>\$92.02</u>	Per diem	
	· · · · · · · · · · · · · · · · · · ·			ng Services-New (				`		
	Prov	<u>ider L</u>	<u>zease</u>	d or Owned Resid	ence (F	<u> Keside</u>	ential 	<u>)</u> 		
Habilitation,_ Residential	<u>11</u>	<u>4A</u>	<u>4G</u>	Shared Living – Level 1	<u>T2016</u>			<u>\$82.33</u>	Per diem	
Habilitation Residential	<u>11</u>	<u>4A</u>	<u>4G</u>	Shared Living – Level 2	<u>T2016</u>	<u>TF</u>	HQ	<u>\$90.81</u>	Per diem	
Habilitation Residential	<u>11</u>	<u>4A</u>	<u>4G</u>	Shared Living – Level 3	<u>T2016</u>	<u>TG</u>	HQ	<u>\$104.08</u>	Per diem	
Habilitation Residential	11	<u>4A</u>	<u>4G</u>	Shared Living – Level 4	<u>T2016</u>	<u>U2</u>	HQ	\$123.09	Per diem	
		Sha	ared	Living-New (Up to	o 3 peo	ple)				
	<b>Partic</b>	<u>ipant</u>	Leas	ed or Owned Resi	dence (	Resid	lentia	<u>al)</u>		
Habilitation, Residential	<u>11</u>	<u>4A</u>	<u>4L</u>	Shared Living – Level 1	<u>T2016</u>	HQ		<u>\$82.33</u>	Per diem	
Habilitation Residential	11	<u>4A</u>	<u>4L</u>	Shared Living – Level 2	<u>T2016</u>	TF	<u>HQ</u>	<u>\$90.81</u>	Per diem	

# **CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**

HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB- SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	SERVICE LIMITS
Partic	cipant			Living-New (Up to Owned Residence			ıl) coı	ntinued		
Habilitation Residential	<u>11</u>	<u>4A</u>	<u>4L</u>	Shared Living – Level 3	<u>T2016</u>	<u>TG</u>	HQ	\$104.08	Per diem	
Habilitation Residential	11	<u>4A</u>	<u>4L</u>	Shared Living – Level 4	<u>T2016</u>	<u>U2</u>	HQ	\$123.09	Per diem	
Shared Livi	ng-Co	nvers	ion/P	rovider Leased or	Owne	d Re	siden	ce (Resi	<u>dential)</u>	
Residential Care, (NOS), Waiver	<u>11</u>	<u>4A</u>	<u>4J</u>	Shared Living – Level 1 Up to 4 people	<u>T2033</u>	<u>UQ</u>		<u>\$61.81</u>	Per diem	
Residential Care, (NOS), Waiver	<u>11</u>	<u>4A</u>	<u>4J</u>	Shared Living – Level 2 Up to 4 people	<u>T2033</u>	<u>TF</u>	<u>UQ</u>	<u>\$70.09</u>	Per diem	
Residential Care, (NOS), Waiver	<u>11</u>	<u>4A</u>	<u>4J</u>	Shared Living – Level 3 Up to 4 people	<u>T2033</u>	<u>TG</u>	<u>UQ</u>	<u>\$84.86</u>	Per diem	
Residential Care, (NOS), Waiver	<u>11</u>	<u>4A</u>	<u>4J</u>	Shared Living – Level 4 Upto 4 people	<u>T2033</u>	<u>U2</u>	<u>UQ</u>	\$111.26	Per diem	
Shared Livi	ng-Co	nvers	ion/P	articipant Leased	or Ow	ned l	Resid	ence (R	esidentia	<u>D</u>
Residential Care, (NOS), Waiver	<u>11</u>	<u>4A</u>	<u>4H</u>	Shared Living – Level 1 Up to 4 people	<u>T2033</u>	<u>UQ</u>		<u>\$61.81</u>	Per diem	
Residential Care, (NOS), Waiver	11	<u>4A</u>	<u>4H</u>	Shared Living – Level 2 Up to 4 people	<u>T2033</u>	<u>TF</u>	<u>UQ</u>	<u>\$70.09</u>	Per diem	
Residential Care, (NOS), Waiver	11	<u>4A</u>	<u>4H</u>	Shared Living – Level 3 Up to 4 people	<u>T2033</u>	<u>TG</u>	<u>UQ</u>	<u>\$84.86</u>	Per diem	
Residential Care, (NOS), Waiver	11	<u>4A</u>	<u>4H</u>	Shared Living – Level 4 Up to 4 people	<u>T2033</u>	<u>U2</u>	<u>UQ</u>	\$111.26	Per diem	

ISSUED: REPLACED:

xx/xx/25 07/05/25

**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER** 

HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB-	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	<u>RATE</u>	STANDARD UNIT OF SERVICE	SERVICE LIMITS
			Resp	oite Services						
Respite Care Services	<u>83</u>	<u>83</u>		Respite Care Services- Out of Home	<u>T1005</u>	HQ		\$3.50	15 Minute	720 hours
	Per	sonal ]	Emerg	gency Response Sy	<u>stem</u>					
Personal Emergency Response System	<u>16</u>	<u>90</u>		<u>Installation</u>	<u>S5160</u>			\$30.00	One time	Once at each residence
Personal Emergency Response System	<u>16</u>	<u>90</u>		Monthly Service Fee	<u>S5161</u>			\$27.00	Monthly	<u>12</u>
		Tr	anspo	rtation (Residentia	l Servi	ces)				
Transportation Local Trip	<u>42</u>	<u>4X</u> <u>4A</u>	<u>4W</u>	Transportation Regular - (Comm Access)	<u>T2001</u>	<u>U1</u>		\$6.00	One-way	<u>730</u>
<u>Transportation –</u> <u>Local Trip (W/C)</u>	<u>42</u>	<u>4X</u>	4W	Transportation Wheel chair – (Comm Access)	A0090			\$10.00	One-way	730
		<u>4A</u>		-						
			<b>Specia</b>	alized Medical Equ	<u>iipmen</u>	<u>t</u>				
Assistive Technology/ Specialized Medical Equipment	<u>17</u>	<u>91</u>		Assistive Technology Specialized Medical Equip. and Supplies	<u>T2029</u>				Per Item/ Service	
Specialized Medical Equipment, Not otherwise specified (NOS)	<u>17</u>	<u>91</u>		Repairs Specialized Medical Equipment and Assistive Technology	<u>T2029</u>	<u>RB</u>			Per Item/ Repair	
Environmental Modifications	<u>15</u>	<u>80</u>		Environmental Accessibility Adaptations	<u>\$5165</u>				Per Service	
Remote Supports	<u>17</u>	<u>91</u>		Emergency response system Purchase	<u>S5162</u>					
Remote Supports	<u>17</u>	<u>91</u>		Emergency Response System Purchase	<u>\$5162</u>	<u>XU</u>		\$50.00	Monthly	12
Remote Supports	<u>17</u>	<u>91</u>		Assistive Technology Supports Consultation	<u>T2035</u>			\$200	Once per POC year Cannot be provided in	

# LOUISIANA MEDICAID PROGRAM ISSUED: xx/xx/25 REPLACED: 07/05/25 CHAPTER 38: RESIDENTIAL OPTIONS WAIVER APPENDIX E: BILLING CODES PAGE(S) 17

**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER** 

HIPAA CODE NAME	PROVIDER TYPE	PROVIDERSPEC	PROVIDER SUB- SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	SERVICE LIMITS
		<u>2</u>	<u>peciai</u>	ized Medical Equi	<u>pment (</u>	contin	<u>luea</u>		O	
Remote Supports	<u>17</u>	<u>91</u>		Home environment assessment	<u>T1028</u>			<u>\$450.00</u>	One Time Cannot be provided in same POC year as T2035	
Remote Supports	<u>17</u>	<u>91</u>		Med reminder service per month	<u>S5185</u>			<u>\$75.00</u>	Monthly	<u>12</u>
Remote Supports	<u>17</u>	<u>91</u>		Monitoring feature/device noc	<u>A9279</u>					
Remote Supports	<u>17</u>	<u>91</u>		Monitoring feature/device noc interactive audio and video	<u>A9279</u>	<u>GT</u>				
Remote Supports	<u>17</u>	<u>91</u>		Alert device, noc	<u>A9280</u>					
				Incontinence Pr	roducts					
Incontinence Supplies	<u>17</u>	<u>91</u>		Adult Size Brief/Diaper Small	<u>T4521</u>					
Incontinence Supplies	<u>17</u>	<u>91</u>		Adult Size Brief/Diaper Medium	<u>T4522</u>					
Incontinence Supplies	<u>17</u>	<u>91</u>		Adult Size Brief/Diaper Large	<u>T4523</u>					T 1
Incontinence Supplies	<u>17</u>	<u>91</u>		Adult Size Brief/Diaper X-Large	<u>T4524</u>					Total Incontinence Products NTE \$2500 per CPOC year
Incontinence Supplies	<u>17</u>	<u>91</u>		Adult Size Pull-On Small	<u>T4525</u>					
Incontinence Supplies	<u>17</u>	<u>91</u>		Adult Size Pull-On Medium	<u>T4526</u>					

ISSUED: REPLACED:

xx/xx/25 07/05/25

**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER** 

										·
Incontinence Supplies	<u>17</u>	<u>91</u>		Adult Size Pull-On Large	<u>T4527</u>					
Incontinence Supplies	<u>17</u>	<u>91</u>		Adult Size Pull-On X-Large	<u>T4528</u>					
HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB- SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	<u>RATE</u>	STANDARD UNIT OF SERVICE	SERVICE LIMITS
			Inco	ontinence Produc	ets cont	inue	<u>d</u>			
Incontinence Supplies	<u>17</u>	<u>91</u>		<u>Disposable</u> <u>Liner/Shield/Pad</u>	<u>T4535</u>					
Incontinence Supplies	<u>17</u>	<u>91</u>		Disposable Under Pad <u>Large</u>	<u>T4541</u>					
Incontinence Supplies	<u>17</u>	<u>91</u>		Disposable Under Pad Small	<u>T4542</u>					
Incontinence Supplies	<u>17</u>	<u>91</u>		Adult Disposable Brief/Diaper Above XL	<u>T4543</u>					
Incontinence Supplies	<u>17</u>	<u>91</u>		Adult Disposable Und/Pull On Above XL	<u>T4544</u>					
Incontinence Supplies	<u>17</u>	<u>91</u>		<u>Disposable Penile Wrap</u>	<u>T4545</u>					
Incontinence Supplies	<u>17</u>	<u>91</u>		Reusable Pull-On Any Size	<u>T4536</u>					
Incontinence Supplies	<u>17</u>	<u>91</u>		Reusable Under Pad Bed Any Size	<u>T4537</u>					
Incontinence Supplies	<u>17</u>	<u>91</u>		Reusable Diaper/Brief Any Size	<u>T4539</u>					
Incontinence Supplies	<u>17</u>	<u>91</u>		Reusable Under Pad Chair Any Size	<u>T4540</u>					
Incontinence Supplies	<u>17</u>	<u>91</u>		Youth size brief/diaper Any Size	<u>T4533</u>					
Incontinence Supplies	<u>17</u>	<u>91</u>		Youth size Pull-On Any Size	<u>T4534</u>					

ISSUED: REPLACED:

xx/xx/25 07/05/25

**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER** 

				<b>Transporta</b>	tion					
	<u>98</u>	<u>98</u>		Transportation for						Once per day that one of these
Non-Emergency Transportation	<u>13</u>	<u>36</u>		Supported Employment, Day Habilitation or	<u>T2002</u>			\$20.00	<u>Daily</u>	services (except
	<u>14</u>	<u>50</u>		<u>Prevocational</u>						virtual) are delivered
HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB- SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	SERVICE LIMITS
				<b>Supported Emp</b>	<u>loymer</u>	<u>ıt</u>				
Supported Employment	<u>98</u>	<u>98</u>		Group Employment	<u>H2025</u>			<u>\$2.76</u>	15 Minute	<u>8320</u>
Supported Employment	<u>98</u>	<u>98</u>		Work Based Learning Experience	<u>H2023</u>	<u>UK</u>	<u>UI</u>	<u>\$175.00</u>	Per Assessment	<u>3</u>
Supported Employment	<u>98</u>	<u>98</u>		Job Development/Job Placement	H2023	<u>U1</u>		\$20.00	15 Minute	480
Supported Employment	<u>98</u>	<u>98</u>		Initial Job Support And Job Stabilization	H2023	<u>TS</u>	<u>U1</u>	<u>\$18.50</u>	15 Minute	1,920
Supported Employment	<u>98</u>	<u>98</u>		Extended On The Job Supports	H2023	<u>TT</u>	<u>U1</u>	<u>\$15.00</u>	15 Minute	2,500
Supported Employment	<u>98</u>	<u>98</u>		Follow Along Job Supports	<u>H2026</u>	<u>U1</u>		\$70.00	Per Diem	48
Supported Employment	<u>98</u>	<u>98</u>		Virtual Delivery of Follow Along Job Supports	H2023	<u>GT</u>	<u>U1</u>	<u>\$13.63</u>	15 Minute	240
				Prevocational S	Services	<u> </u>				
Habilitation, Prevocational	<u>13</u>	<u>36</u>		Pre-Vocational Onsite 1:5-8 ratio	<u>H2014</u>			\$2.39	15 Minute	8320 Units shared among
Habilitation, Prevocational	<u>13</u>	<u>36</u>		Virtual Delivery of Pre- Vocational 1:5-8 ratio	<u>H2014</u>	<u>GT</u>		<u>\$2.98</u>	15 Minute	all H2014 codes

ISSUED: REPLACED:

xx/xx/25 07/05/25

# **CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**

Habilitation, Prevocational	<u>13</u>	<u>36</u>		Community Career Planning 1:2-4 ratio	<u>H2014</u>	<u>UQ</u>		<u>\$4.50</u>	15 <u>Minute</u>	
Habilitation, Prevocational	<u>13</u>	<u>36</u>		Community Career Planning 1:1 ratio	H2014	TT		<u>\$5.00</u>	15 Minute	
HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB- SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	SERVICE LIMITS
			Ī	Day Habilitation	<u>Service</u>	<u>es</u>				
Day Habilitation	<u>14</u>	<u>50</u>		Onsite Day Habilitation	<u>T2021</u>			<u>\$2.48</u>	15 Minute	
Day Habilitation	<u>14</u>	<u>50</u>		Virtual Delivery of Day  Habilitation 1: 5-8 ratio	<u>T2021</u>	<u>GT</u>		<u>\$2.98</u>	15 Minute	8320 Units shared among
Day Habilitation	14	<u>50</u>		Community Life Engagement 1: 1 ratio	<u>T2021</u>	<u>TT</u>		<u>\$4.75</u>	15 Minute	all T2021 codes
Day Habilitation	<u>14</u>	<u>50</u>		Community Life Engagement 1: 2-4 ratio	<u>T2021</u>	<u>UQ</u>		<u>\$4.00</u>	15 Minute	
		<u>Co</u>	nmuı	nity Life Engagen	nent De	eveloj	<u>ome</u>	<u>nt</u>		
Day Habilitation	<u>14</u>	<u>50</u>		Community Life Engagement Development (1:1 ratio)	<u>T2025</u>	<u>U1</u>		<u>\$7.00</u>	15 Minute	240 shared among all T2025 codes

In Home Nursing Care

by LPN

RN Intermittent Services

<u>44</u>

11

11

87

<u>4A</u>

87

<u>4A</u>

4W

4W

ISSUED: xx/xx/25 REPLACED: 07/05/25

# **CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**

APPENDIX E: BILLING CODES PAGE(S) 17

Day Habilitation	<u>14</u>	<u>50</u>		Community Life Engagement Development (1:2 ratio)	<u>T2025</u>	<u>UN</u>		<u>\$4.00</u>	15 Minute	
Day Habilitation	<u>14</u>	<u>50</u>		Community Life Engagement Development (1:3 ratio)	<u>T2025</u>	<u>UP</u>		<u>\$3.00</u>	15 Minute	
HIPAA CODE NAME	PROVIDERTYPE	PROVIDER SPEC	PROVIDER SUB- SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	AODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	SERVICE LIMITS
	بنو		P		PF	$\mathbf{Z}$	M		Sis	
				Nursing Serv			W			
In Home Nursing Care by LPN	44	87 4A	4W	LPN-Intermittent Services		N N		71.44 Pe	r visit	
Nursing Care by LPN  Services of Skilled Nurse In Home Health	44	87 4A 87		LPN-Intermittent Services (1 person)  LPN-Intermittent Services (up to 4 persons)	vices		\$7		r visit	
Nursing Care by LPN Services of Skilled Nurse	<u>44</u> <u>11</u>	87 4A 87	4W	LPN-Intermittent Services (1 person)  LPN-Intermittent Services (up to 4 persons)	vices		\$7		3,13,1	

S9124

G0299

TT

\$20.80

\$89.51

Per Hour

Per visit

LPN-Extended Services

(up to 2 persons)

Nursing RN

1 person)

**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER** 

HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB- SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	SERVICE LIMITS
<u>]</u>	<u>Profes</u>	siona	l Servi	ices (Registered D	<u>ieticia</u>	<u>n)</u>				
Professional Services	41,11, 84	<u>4R</u>	<u>4W</u>	Registered Dietician (Individual)	<u>97802</u>			\$9.00	15 Minute	
Professional Services	41,11, <u>84</u>	<u>4R</u>	/I <b>\A</b> /	Registered Dietician (Individual, Subsequent)	<u>97803</u>			\$9.00	15 Minute	
Professional Services	41,11, 84	<u>4R</u>	<u>4W</u>	Registered Dietician (Group)	97804			<u>\$9.00</u>	15 Minute	

	Pro	<u>fessio</u>	nal Se	rvices (Speech T	herapy)	<u>)</u>			
	<u>39</u>	<u>71</u>		Speech Therapy Evaluation of Speech					
Professional Services	<u>11</u>	<u>4A</u>	<u>4W</u>	Fluency (e.g. stuttering,	<u>92521</u>		<u>\$21.00</u>	15 Minute	
	<u>84</u>	<u>84</u>		cluttering)					
	<u>39</u>	<u>71</u>		Speech Therapy Evaluation of Speech					
Professional Services	<u>11</u>	<u>4A</u>	<u>4W</u>	sound production (e.g. articulation,	92522		<u>\$21.00</u>	15 Minute	
	<u>84</u>	<u>84</u>		phonological process, apraxia, dysarthria)					
	<u>39</u>	<u>71</u>		Speech Therapy Evaluation of Speech Sound Production (e.g., articulation,					
Professional Services	<u>11</u>	<u>4A</u>	<u>4W</u>	phonological process, apraxia, dysarthria) with evaluation of language comprehension and	92523		<u>\$21.00</u>	15 Minute	
	<u>84</u>	<u>84</u>		expression (e.g., receptive and expressive language)					
Professional Services	<u>39</u>	<u>71</u>		Speech Therapy Behavioral and					
Fiolessional Services	<u>11</u>	<u>4A</u>	4W	Qualitative Analysis of	92524		\$21.00	15 Minute	
	<u>84</u>	<u>84</u>		Voice and Resonance					
Professional Services	<u>39</u> 11	7 <u>1</u> 4A	4W	Speech Therapy (Speech Language	92507				
	<u>11</u> <u>84</u>	<u>4A</u> <u>84</u>	+ VV	(Speech Language Hearing Therapy)	<u>74307</u>		\$21.00	15 Minute	
	39	71		Speech Therapy					
Professional Services	<u>11</u>	<u>4A</u>	<u>4W</u>	(Laryngeal function	92520			15 Minute	

LOUISIANA MEDICAID PROGRAM
ISSUED: xx/xx/25
REPLACED: 07/05/25
CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

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PAGE(S) 17

APPENDIX E: BILLING CODES

Billing Codes Page 12 of 18 Appendix E

ISSUED: REPLACED:

xx/xx/25 07/05/25

**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER** 

HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB- SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	<u>RATE</u>	STANDARD UNIT OF SERVICE	SERVICE LIMITS
<u>Pr</u>	ofessio	onal S	<u>ervice</u>	s (Speech Therap	y) coi	<u>ntinue (</u>	1			
Professional Services	<u>39</u>	<u>71</u>		Speech Therapy						
riolessional Services	<u>11</u>	<u>4A</u>	<u>4W</u>	(Oral function therapy)	92526			\$21.00	15 Minute	
	<u>84</u>	<u>84</u>								
Professional Services	<u>39</u>	<u>71</u>		Speech Therapy						
rioressionar Services	<u>11</u>	<u>4A</u>	<u>4W</u>	(Evaluation for non-	92605			\$21.00	15 Minute	
	<u>84</u>	<u>84</u>		speech device RX )						
Duofassianal Campiass	<u>39</u>	<u>71</u>		Speech Therapy (Non-						
Professional Services	<u>11</u>	<u>4A</u>	<u>4W</u>	speech device service)	<u>92606</u>			\$21.00	15 Minute	
	<u>84</u>	<u>84</u>								
D C : 1 C :	<u>39</u>	<u>71</u>		Speech Therapy						
Professional Services	<u>11</u>	<u>4A</u>	<u>4W</u>	(Ex for speech device	92607			\$21.00	15 Minute	
	<u>84</u>	<u>84</u>		<u>RX)</u>						
	<u>39</u>	<u>71</u>		Speech Therapy						
Professional Services	<u>11</u>	<u>4A</u>	<u>4W</u>	(Evaluate swallowing	92610			\$21.00	15 Minute	
	<u>84</u>	<u>84</u>		<u>function</u> )				<u>\$21.00</u>		
	<u>39</u>	<u>71</u>								
Professional Services	<u>11</u>	<u>4A</u>	4W	Speech Therapy (Therapeutic activities)	97530	<u>GN</u>		\$2.00	15 Minute	
	<u>84</u>	<u>84</u>		(Therapeutic activities)				<u>\$2.00</u>	15 William	
	<u>39</u>	<u>71</u>		Speech Therapy						
Professional Services	<u>11</u>	<u>4A</u>	4W	(Cognitive skills	<u>97129</u>	<u>GN</u>		\$21.00	15 Minute	
	<u>84</u>	<u>84</u>		development)				\$21.00	13 Williate	
]	Profes	sional	Servi	ces (Occupationa	l The	rapy)				
	<u>37</u>	<u>74</u>						l		
Professional Services	11	4A	4W	Occupational Therapy (OT Evaluation low						
	84	84		complex 30 min)	<u>97165</u>			\$44.40	30 min	
Professional Services	<u>37</u>	74	4W	Occupational Therapy						
	<u>11</u>	<u>4A</u>		(OT Evaluation mod	<u>97166</u>			<u>\$66.60</u>	45 min	
Destruction of Co.	<u>84</u> <u>37</u>	<u>84</u> <u>74</u>	4337	complex 45min)						
Professional Services	11	4A	<u>4W</u>	Occupational Therapy (OT Evaluation high	97167			\$88.80	60 min	
	<u>84</u>	84	1	complex 60 min)	<u> </u>			φου.ου	OO IIIII	
	<u>37</u>	<u>74</u>		Occupational Therapy						
Professional Services	11	4A	4W	OCcupational Therapy  (OT re-evaluation est plan	07169			¢22.00	15 Minute	
	84	84		of care)	<u>97168</u>			\$23.00	13 iviniute	
	<u>37</u>	74		Occupational Therapy						
Professional Services	11	<u>4A</u>	4W	(Application of hot or	97010	GO		¢22.00	15 Minuto	
	84	84		cold packs)				\$23.00	15 Minute	
Professional Services	<u>37</u>	<u>74</u>		Occupational Therapy						
1 TOTESSIONAL SELVICES	<u>11</u>	<u>4A</u>		(Application of Traction,					15 Minute	

ISSUED: REPLACED:

xx/xx/25 07/05/25

**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER** 

APPENDIX E: BILLING CODES

PAGE(S) 17

 84
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 Mechanical)
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Billing Codes Page 14 of 18 Appendix E

ISSUED: REPLACED:

xx/xx/25 07/05/25

**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER** 

HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB- SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	<u>RATE</u>	STANDARD UNIT OF SERVICE	SERVICE LIMITS
Prof	ession	al Ser	vices (	<b>Occupational Th</b>	erapy	) cont	nued	<u>l</u>		
Professional Services	37 11 84	74 4A 84	4W	Occupational Therapy (Application of electrical stimulation/unattended)	<u>97014</u>	GO		\$23.00	15 Minute	
Professional Services	<u>37</u> <u>11</u> 84	74 4A 84	<u>4W</u>	Occupational Therapy (Application of paraffin bath)	<u>97018</u>	<u>GO</u>		<u>\$23.00</u>	15 Minute	
Professional Services	<u>37</u> <u>11</u>	74 4A	4W	Occupational Therapy (Application of whirlpool)	97022	<u>GO</u>		\$23.00	15 Minute	
Professional Services	<u>84</u> <u>37</u> <u>11</u>	84 74 4A	4W	Occupational Therapy (Application of electrical	<u>97032</u>	<u>GO</u>		\$23.00	15 Minute	
Professional Services	<u>84</u> <u>37</u> <u>11</u>	84 74 4A	4W	stimulation/ manual)  Occupational Therapy (Application of	<u>97033</u>	GO		\$23.00	15 Minute	
Professional Services	<u>84</u> <u>37</u> 11	84 74 4A	4W	iontophoresis)  Occupational Therapy (Application of	97035	GO		\$23.00		
Professional Services	<u>84</u> <u>37</u>	<u>84</u> <u>74</u>		ultrasound)  Occupational Therapy					15 Minute	
	<u>11</u> <u>84</u> <u>37</u>	<u>4A</u> <u>84</u> <u>74</u>	4W	(OT Therapeutic Procedure)	<u>97110</u>	<u>GO</u>		\$23.00	15 Minute	
Professional Services	<u>11</u> <u>84</u> <u>37</u>	<u>4A</u> <u>84</u> <u>74</u>	4W	Occupational Therapy (Massage therapy)	<u>97124</u>	<u>GO</u>		\$23.00	15 Minute	
Professional Services	11 84	4A 84	4W	Occupational Therapy (Manual therapy)	<u>97140</u>	<u>GO</u>		<u>\$23.00</u>	15 Minute	
Professional Services	37 11 84	74 4A 84	4W	Occupational Therapy (Therapeutic activities)	<u>97530</u>	<u>GO</u>		<u>\$23.00</u>	15 Minute	
Professional Services	37 11 84	74 4A 84	4W	Occupational Therapy (Cognitive skills development)	<u>97129</u>	<u>GO</u>		<u>\$23.00</u>	15 Minute	
Professional Services	37 11 84	74 4A 84	4W	Occupational Therapy (Wheelchair management)	<u>97542</u>	<u>GO</u>		\$23.00	15 Minute	

ISSUED: REPLACED:

xx/xx/25 07/05/25

**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER** 

HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB- SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	<u>RATE</u>	STANDARD UNIT OF SERVICE	SERVICE LIMITS
	<u>Pr</u>	ofessi	onal S	Services (Physical	Thera	apy)				
	<u>35</u>	<u>65</u>		Physical Therapy (PT						
Professional Services	<u>11</u>	<u>4A</u>	<u>4W</u>	Evaluation low	97161			\$29.60		
	<u>84</u>	<u>84</u>		complex 20 min)	<i>37101</i>			<u> </u>	20 Minute	
Professional Services	<u>35</u>	<u>65</u>	4777	Physical Therapy (PT	071.60			<b>0.4.4.40</b>		
	<u>11</u> 84	4A 84	<u>4W</u>	Evaluation mod complex 30 min )	<u>97162</u>			\$44.40	30 Minute	
Professional Services	<u>35</u>	<u>65</u>		Physical Therapy (PT						
	<u>11</u>	<u>4A</u>	<u>4W</u>	Evaluation high	<u>97163</u>			<u>\$66.60</u>	45 Minute	
	<u>84</u>	<u>84</u>		complex 45 min )					13 Williace	
Professional Services	<u>35</u>	<u>65</u>	4337	Physical Therapy						
	<u>11</u>	<u>4A</u>	<u>4W</u>	(PT re-evaluation est plan of care)	<u>97164</u>			\$23.00	15 Minute	
	<u>84</u>	<u>84</u>		<u>or curcy</u>						
Professional Services	<u>35</u>	<u>65</u>	4337	Physical Therapy	07010	CD				
	<u>11</u>	<u>4A</u>	<u>4W</u>	(Application of hot or cold packs)	<u>97010</u>	<u>GP</u>		\$23.00	15 Minute	
	<u>84</u>	<u>84</u>		<u> </u>						
Professional Services	<u>35</u>	<u>65</u>	4777	Physical Therapy	07010	GD.				
	<u>11</u>	<u>4A</u>	<u>4W</u>	(Application of traction, mechanical)	97012	<u>GP</u>		\$23.00	15 Minute	
	<u>84</u>	<u>84</u>		<u></u>						
Professional Services	<u>35</u>	<u>65</u>		Physical Therapy	07044	an.				
	11	<u>4A</u>	<u>4W</u>	(Application of electrical stimulation/ unattended)	97014	<u>GP</u>		\$23.00	15 Minute	
	<u>84</u>	<u>84</u>								
Professional Services	<u>35</u>	<u>65</u>	4337	Physical Therapy	07010	CD				
	11	<u>4A</u>	<u>4W</u>	(Application of paraffin bath)	<u>97018</u>	<u>GP</u>		\$23.00	15 Minute	
	<u>84</u>	<u>84</u>								
Professional Services	3 <u>5</u> 11	65 4A	4 <b>W</b>	Physical Therapy (Application of	07022	CP				
	84	<u>4A</u> <u>84</u>	+ **	(Application of whirlpool)	97022	<u>GP</u>		\$23.00	15 Minute	
	35	65								
Professional Services	11	4A	4W	Physical Therapy (Application of electrical	97032	<u>GP</u>				
	<u>84</u>	<u>4A</u> <u>84</u>	- **	stimulation/ manual)	71034	<u> </u>		\$23.00	15 Minute	
	35	<u>65</u>		·				<del>                                     </del>		
Professional Services	<u>33</u>	<u>65</u> 4A	4W	Physical Therapy (Application of	97033	<u>GP</u>				
	<u>11</u> <u>84</u>	<u>4A</u> <u>84</u>	- **	iontophoresis)	71033	<u> </u>		\$23.00	15 Minute	
	35	<u>65</u>								
Professional Services	<u>11</u>	<u>4A</u>	4W	Physical Therapy (Application of	97035	<u>GP</u>		1		
	84	<u>84</u>		<u>ultrasound)</u>	71033	<u> </u>		\$23.00	15 Minute	
	<u>35</u>	<u>65</u>								
	11	<u>4A</u>	1						15 Minute	
	11	<u>4A</u>			1				-5 1.1111110	

ISSUED: REPLACED:

xx/xx/25 07/05/25

**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER** 

APPENDIX E: BILLING CODES

PAGE(S) 17

Professional Services	<u>84</u>	<u>84</u>	<u>4W</u>	Physical Therapy (Therapeutic Procedure)	<u>97110</u>	<u>GP</u>		\$23.00		
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Billing Codes Page 17 of 18 Appendix E

ISSUED: REPLACED:

xx/xx/25 07/05/25

**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER** 

HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB- SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	<u>RATE</u>	STANDARD UNIT OF SERVICE	SERVICE LIMITS
<u>P</u> 1	rofessio	onal S	<u>Service</u>	es (Physical Thera	apy) co	<u>ontinu</u>	<u>ed</u>			
Professional Services	35 11 84	65 4A 84	4W	Physical Therapy (neuromuscular re- education)	<u>97112</u>			\$23.00	15 Minute	
Professional Services	<u>35</u> <u>11</u>	<u>65</u> <u>4A</u>	4W	Physical Therapy (Gait training)	<u>97116</u>			\$23.00	15 Minute	
Professional Services	<u>84</u> <u>35</u> <u>11</u>	84 65 4A	<u>4W</u>	Physical Therapy (Massage therapy)	97124	<u>GP</u>		\$23.00	15 Minute	
Professional Services	<u>84</u> <u>35</u> <u>11</u>	84 65 4A	4W	Physical Therapy (Manual therapy)	97140	<u>GP</u>		\$23.00	15 Minute	
Professional Services	<u>84</u> <u>35</u> <u>11</u>	84 65 4A	4W	Physical Therapy (Therapeutic activities)	97530	<u>GP</u>		\$23.00	15 Minute	
Professional Services	<u>84</u> <u>35</u> <u>11</u> 84	84 65 4A 84	4W	Physical Therapy (Wheelchair Management)	97542	<u>GP</u>		\$23.00	15 Minute	
			siona	Services (Social	Work	)				
Professional Services	73 11 84	73 4A 84	4W	Social Worker (Family psychotherapy)	90847	AJ		\$18.00	15 Minute	
Professional Services	73 11	73 4A	4W	Social Worker	90853	AJ		\$18.00	15 Minute	
Professional Services	<u>84</u> <u>73</u>	84 73		(Group psychotherapy)  Social Worker	0.7.5.			<u>ψ10.00</u>	4535	
	<u>11</u> <u>84</u> <u>73</u>	<u>4A</u> <u>84</u> <u>73</u>	<u>4W</u>	(Self-care Management Training)  Social Worker	<u>97535</u>	<u>AJ</u>		\$18.00	15 Minute	
Professional Services	<u>11</u> <u>84</u>	<u>4A</u> <u>84</u>	<u>4W</u>	(Community/Work Reintegration)	97537	<u>AJ</u>		\$18.00	15 Minute	
Professional Services	<u>73</u> <u>11</u>	<u>73</u> <u>4A</u>	<u>4W</u>	Social Worker (Home visit assistance w/ADL's and personal care)	<u>99509</u>	<u>AJ</u>		<u>\$18.00</u>	15 Minute	
	<u>84</u>	<u>84</u>								

ISSUED: xx/xx/25 REPLACED: 07/05/25

**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER** 

HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB- SPECIALTY	SERVICE DESCRIPTION	PROCEDU	MODIFIER 1	MODIFIER 2	<u>RATE</u>	STANDARD UNIT OF SERVICE	SERVICE LIMITS				
<u>.</u>	Toles	Siulia	i Sei v	ices (Social Work	) Conti	<u>lueu</u>								
Professional Carriage	Professional Services 11 4A 4W (Home Visit, Sing/M/Fam 99510 AJ 15 Minute													
FIOIESSIONAL SELVICES	<u>11</u>	<u>4A</u>	<u>4W</u>	(Home Visit, Sing/M/Fam Counseling)	<u>99510</u>	<u>AJ</u>		\$18.00	15 Minute					
	<u>84</u>	<u>84</u>		Counsening)										
Professional Services	<u>73</u>	<u>73</u>	4	Social Worker (Unlisted					4535					
	<u>11</u>	<u>4A</u>	<u>4W</u>	Home Visit Service or Procedure)	<u>99600</u>	AJ		\$18.00	15 Minute					
	<u>84</u>	<u>84</u>						-						
Professional Services	<u>73</u>	<u>73</u>	4 <b>V</b> V	Social Worker	C0155				15 Minute					
	<u>11</u> <u>84</u>	<u>4A</u> <u>84</u>	<u>4W</u>	(HHCP-SVS of CSW)	G0155			\$18.00	15 Minute					
	<u>73</u>	<u>73</u>	-											
Professional Services	11	4A	4W	Social Worker (Assertive Community treatment	H0039	AJ			15 Minute					
	84	84	<u> </u>	face to face)	11000)	<u>- 10</u>		\$18.00	10 1/1111410					
	73	73		Conint Worker										
Professional Services	11	4A	4W	Social Worker (Mental Health Services,	H0046	AJ		¢10.00	15 Minute					
	84	<u>84</u>	1	NOS)				<u>\$18.00</u>						
	<u>73</u>	<u>73</u>												
Professional Services	<u>11</u>	<u>4A</u>	<u>4W</u>	Social Worker (Crisis Intervention)	112011	A T		\$18.00	15 Minute					
	<u>84</u>	<u>84</u>		(Crisis intervention)	H2011	<u>AJ</u>		φ10.00						
D. C 1.C	<u>73</u>	<u>73</u>		Social Worker (Skilled										
Professional Services	<u>11</u>	<u>4A</u>	<u>4W</u>	Training and	<u>H2014</u>	<u>AJ</u>		\$18.00	15 Minute					
	<u>84</u>	<u>84</u>		<u>Development</u> )										
Professional Services	<u>73</u>	<u>73</u>		Social Worker										
Tiolessional Services	<u>11</u>	<u>4A</u>	<u>4W</u>	(Psychosocial Rehab Services)	H2017	<u>AJ</u>		\$18.00	15 Minute					
	<u>84</u>	<u>84</u>		<u>Scrvices</u>										
Professional Services	<u>73</u>	<u>73</u>	4337	Social Worker	112010	A T			15 15					
	<u>11</u>	4 <u>A</u>	<u>4W</u>	(Therapeutic Behavior Service)	H2019	<u>AJ</u>		\$18.00	15 Minute					
	<u>84</u> <u>73</u>	84 73	-			-								
Professional Services	11 11	<u>/3</u> <u>4A</u>	4W	Social Worker (Community-based Wrap	H2021	<u>AJ</u>			15 Minute					
	<u>84</u>	<u>4A</u> <u>84</u>	T **	Around)	112021	<u> </u>		\$18.00	15 Williate					
			siona	l Services (Psycho	ology)									
D C : 1 C :	<u>31</u>	<u>62,</u> 95,96	- 4W	Psychologist C.										
Professional Services	<u>11</u>	<u>4A</u>		(Interactive Psychological Diagnostic Interview)	90791			\$31.25	15 Minute					
	84	84	1											

ISSUED: xx/xx/25 REPLACED: 07/05/25

**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER** 

HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB- SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	SERVICE LIMITS
	Prof	ession	al Ser	vices (Psychology	) conti	<u>nued</u>				
Professional Services	31 11 84	62, 95,96 4A 84	<u>4W</u>	Psychologist (Individual Psychotherapy)	90832			\$31. <u>25</u>	15 Minute	
Professional Services	31 11 84	62, 95,96 4A 84	<u>4W</u>	Psychologist (Family therapy without patient present)	<u>90846</u>			\$31. <u>25</u>	15 Minute	
Professional Services	31 11 84	62, 95,96 4A 84	<u>4W</u>	Psychologist (Special Family Therapy w/ patient)	<u>90847</u>	<u>AH</u>		\$31. <u>25</u>	15 Minute	
Professional Services	31 11 84	62, 95,96 4A 84	<u>4W</u>	Psychologist (Group Psychotherapy)	90853	<u>AH</u>		\$31. <u>25</u>	15 Minute	
Professional Services	3 <u>1</u> 1 <u>1</u> 84	62, 95,96 4A 84	<u>4W</u>	Psychologist (Pharmacologic Management)	<u>90863</u>			\$31.2 <u>5</u>	15 Minute	
Professional Services	31 11 84	62, 95,96 4A 84	<u>4W</u>	Psychologist (Psychological Testing by Psychologist	<u>96130</u>			\$31.2 <u>5</u>	15 Minute	
Professional Services	31 11 84	62, 95,96 4A 84	4 <b>W</b>	Psychologist (Psychological Testing by Tech)	<u>96138</u>			\$31.2 <u>5</u>	15 Minute	
Professional Services	31 11 84	62, 95,96 4A 84	<u>4W</u>	Psychologist (Neuropsychological testing)	<u>96132</u>			\$31. <u>25</u>	15 Minute	

ISSUED: REPLACED:

xx/xx/25 07/05/25

**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER** 

HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB- SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	SERVICE LIMITS
<u>P</u> 1	rofess	ional (	<u>Servic</u>	es (Psychology) c	<u>ontinu</u>	<u>ied</u>				
	<u>31</u>	<u>62,</u> 95,96		Psychologist						
Professional Services	11	4A	4W	(Self-care Management	<u>97535</u>	<u>AH</u>		\$31.25	15 Minute	
	<u>84</u>	<u>84</u>	1	<u>Training)</u>				<u> </u>		
	<u>31</u>	<u>62,</u> 95,96		Psychologist						
Professional Services	11	4A	4W	(Community/Work	97537	<u>AH</u>		\$31.25	15 Minute	
	84	84	1	Reintegration)	<u> </u>			φ <u>υ1.2υ</u>		
	31	62, 95,96		Psychologist						
Professional Services	11	4A	4W	(Home visit for Assistance with ADL's	99509	<u>AH</u>		\$31.25	15 Minute	
	84	84		and Personal Care)				<del>401120</del>		
Duefassional Caminas	<u>31</u>	62, 95,96		Psychologist						
Professional Services	<u>11</u>	<u>4A</u>	<u>4W</u>		99510	<u>AH</u>		\$31.25	15 Minute	
	<u>84</u>	<u>84</u>		Counseling)						
Professional Services	<u>31</u>	<u>62,</u> 95,96		Psychologist (Unlisted						
	<u>11</u>	<u>4A</u>	<u>4W</u>	Home Visit Service or Procedure)	<u>99600</u>	<u>AH</u>		\$31.25	15 Minute	
	<u>84</u>	<u>84</u>								
Professional Services	<u>31</u>	<u>62,</u> 95,96		Psychologist (Assertive						
1 Totessional Services	<u>11</u>	<u>4A</u>	<u>4W</u>	Community Treatment Face to Face)	H0039	<u>AH</u>		\$31.25	15 Minute	
	<u>84</u>	<u>84</u>		1						
Donfording 1 Coming	<u>31</u>	<u>62,</u> 95,96		Psychologist						
Professional Services	<u>11</u>	<u>4A</u>	<u>4W</u>	(Mental Health Services, NOS)	H0046	<u>AH</u>		\$31.25	15 Minute	
	<u>84</u>	<u>84</u>		<u>1103)</u>						
Professional Services	<u>31</u>	<u>62,</u> 95,96		Psychologist						
Floressional Services	<u>11</u>	<u>4A</u>	<u>4W</u>	(Crisis Intervention)	H2011	<u>AH</u>		\$31.25	15 Minute	
	<u>84</u>	<u>84</u>								
Professional Services	<u>31</u>	<u>62,</u> 95,96		<u>Psychologist</u>						
1 TOTOSSIONAL DOLVICOS	<u>11</u>	<u>4A</u>	<u>4W</u>	(Psychosocial Rehab Services)	H2017	<u>AH</u>		\$31.25	15 Minute	
	<u>84</u>	<u>84</u>		<u>501 (1005)</u>						
Professional Services	<u>31</u>	<u>62,</u> 95,96		<u>Psychologist</u>					1535	
	<u>11</u>	<u>4A</u>	<u>4W</u>	(Therapeutic Behavior Service)	H2019	<u>AH</u>		\$31.25	15 Minute	
	<u>84</u>	<u>84</u>		<u> </u>						
Professional Services	<u>31</u>	<u>62,</u> 95,96	4337	Psychologist (Community-	112021	ATT			15 Minute	
	<u>11</u>	<u>4A</u>	<u>4W</u>	based Wrap Around)	H2021	<u>AH</u>				

LOUISIANA MEDICAID PROGRAM	<b>ISSUED:</b>	xx/xx/25
	<b>REPLACED:</b>	07/05/25
<b>CHAPTER 38: RESIDENTIAL OPTIONS WAI</b>	IVER	
APPENDIX E: BILLING CODES		PAGE(S) 17
84 84	\$31.25	

Billing Codes Page 22 of 18 Appendix E

ISSUED: 07/05/25 REPLACED: 02/28/24

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES PAGE(S) 17

HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB- SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	SERVICE LIMITS
	<u>P</u>	ermar	ent S	upportive Housin	<u>1g</u>					
Permanent Supportive Housing	<u>AW</u>	<u>3W</u>		Housing Stabilization	G9012			<u>\$15.11</u>	15 Minute	<u>72</u>
Permanent Supportive Housing	<u>AW</u>	<u>3W</u>		Housing Stabilization Transition	G9012	<u>U8</u>		<u>\$15.11</u>	15 Minute	93
	A	dult D	ay He	ealth Care (ADH	<u>C)</u>					
Medical Rehabilitation  Day Program	<u>85</u>	<u>76</u>	<u>4W</u>	Adult Day Health Care Center Based Service (ADHC)	<u>S5100</u>			\$2.78 Rate includes provider specific transportation rate	15 Minute	Max 40 unit per day
<u>M</u>	onite	ored I		ne Care Giving (I	MIHC)					
Monitored In-Home Care Giving	<u>MI</u>	<u>9M</u>		Waiver Service - not otherwise specified Level 1	Γ2033			\$90.03	<u>Per</u> <u>Diem</u>	
Monitored In-Home Care Giving	<u>MI</u>	<u>9M</u>		Waiver Service - not otherwise specified Level 2	Γ2033	<u>TG</u>		\$135.04	Per Diem	
Monitored In-Home Care Giving	<u>MI</u>	<u>9M</u>	É	Assessment	Γ1028	<u>TU</u>		\$250.00	One Time	
				Self -Dire	<u>ction</u>					
Financial Management Services (FMS) Monthly Administrative Fee	<u>01</u>	<u>4K</u>		Financial Management Services	<u>W7319</u>		-	\$105.88	Monthly	<u>12</u>
Attendant Care Services	<u>01</u>	<u>4K</u>		Community Living Supports – 1 Person	<u>S5125</u>			<u>NTE</u> \$4.63	15 Minute	
Attendant Care Services	<u>01</u>	<u>4K</u>		Community Living Supports – 2 Persons	<u>S5125</u>	<u>UN</u>		<u>NTE</u> \$3.31	15 Minute	
Attendant Care Services	<u>01</u>	<u>4K</u>		Community Living Supports – 3 persons	<u>S5125</u>	<u>UP</u>		<u>NTE</u> \$2.71	15 Minute	

The following chart describes the codes and rates that are to be used with the Residential Options-

ISSUED: 07/05/25 REPLACED: 02/28/24

**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER** 

APPENDIX E: BILLING CODES PAGE(S) 17

Waiver (ROW). Providers must bill the appropriate procedure code for the service performed.

HIPAA CODE- NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER- SUB-SPECIALTY	SERVICE- DESCRIPTION	PROCEDURZE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT. OF SERVICE	ANNUAL SERVICE LIMITS
				Support Co	<del>ordinati</del>	<del>on</del>				
Case- Management	45	<del>81</del>	4 <del>W</del>	Support Coordination	<del>T1016</del>			<del>\$176.79</del>	1 flat- monthly	12 annually
				Transition	Funding	<b>g</b>				
Community Transition Waiver	2	4A		One time transition— service	T2038			\$3000		Life time maximum limit
		4	Comi	munity Living Su	<del>ipports (</del>	Resi	lenti	<del>al)</del>		
Attendant Care Services	82	82	4 <del>W</del>	Community Living Supports 1 Person	<del>S5125</del>			<del>\$4.63</del>	15 min	
Attendant Care Services	82	82	4 <del>W</del>	Community Living Supports 2 Persons	<del>S5125</del>	UN		<del>\$3.31</del>	15 min	
Attendant Care Services	82	82	4 <del>W</del>	Community Living Supports 3 persons	<del>S5125</del>	<del>UP</del>		<del>\$2.71</del>	15 min	
		Host !	Home	e Services-Childa	<del>en unde</del>	<del>r 18</del>	(Resi	<del>dential)</del>	+	
Foster Care	84	84	4W	Host Home Level	<del>S5140</del>	HA		<del>\$52.95</del>	<del>Per diem</del>	
Foster Care	84	84	4W	Host Home Level 2	S5140	TF	HA	<del>\$57.05</del>	Per diem	
Foster Care	84	84	4 <del>W</del>	Host Home- Level 3	<del>S5140</del>	ŦG	HA	<del>\$64.11</del>	Per diem	
Foster Care	84	84	4W	Host Home Level 4	S5140	U2	HA	<del>\$68.95</del>	Per diem	

ISSUED: 07/05/25 <u>REPLACED: 02/28/24</u>

**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER** 

HIPAA CODE NAME	PROVIDER TYPE	) HE WHEN SEEC	SUB-SPECIALTY SUB-SPECIALTY	SERVICE - DESCRIPTION	PROCEDURE.	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT. OF SERVICE	ANNUAL SERVICE LIMITS
	:	Host 1	Iome	Services-Adults 1	8 and	over	(Resi	dential)	)	
Foster Care Adult	84	84	4 <del>W</del>	Host Home Level 1	<del>S5140</del>			<del>\$52.67</del>	Per diem	
Foster Care Adult	84	84	4 <del>W</del>	Host Home Level 2	S5140	ŦF		<del>\$57.05</del>	Per diem	
Foster Care Adult	84	84	4 <del>W</del>	Host Home Level 3	<del>S5140</del>	TG		<del>\$64.11</del>	<del>Per diem</del>	
Foster Care Adult	84	84	4W	Host Home Level 4	S5140	<del>U2</del>		\$69.3 <u>2</u>	<del>Per diem</del>	
			Con	<del>npanion Care Serv</del>	<del>vices (F</del>	Resido	ential	)		
Companion Care, Adult	82	82	4W	Companion Care	<del>S5136</del>			<del>\$92.02</del>	<del>Per diem</del>	
				Living Services-I		_	_	-		
	I	Prov	<del>iaer</del> i	Leased or Owned	<del>Reside</del>	<del>nce (</del>	Kesic	<del>lentiai)</del>		
Habilitation, Residential	#	4A	4 <del>G</del>	Shared Living Level 1	<del>T2016</del>			<del>\$82.33</del>	<del>Per diem</del>	
Habilitation Residential	41	4 <del>A</del>	4 <del>G</del>	Shared Living Level 2	T2016	TF	HQ	<del>\$90.81</del>	<del>Per diem</del>	
Habilitation Residential	11	4 <del>A</del>	4 <del>G</del>	Shared Living Level 3	T2016	TG	НQ	<del>\$104.08</del>	Per diem	
Habilitation Residential	11	4A	4 <del>G</del>	Shared Living Level 4	T2016	<del>U2</del>	НQ	<del>\$123.09</del>	Per diem	
			Sh	ared Living-New	(Up to	3 pec	<del>ple)</del>			
	]	<del>Partic</del>	<del>ipan</del> t	Leased or Owned	l Resid	ence	(Res	idential	)	
Habilitation, Residential	11	4 <del>A</del>	4L	Shared Living Level 1	T2016	НQ		<del>\$82.33</del>	<del>Per diem</del>	
Habilitation Residential	11	4 <del>A</del>	4L	Shared Living Level 2	<del>T2016</del>	TF	HQ	<del>\$90.81</del>	Per diem	

ISSUED: 07/05/25 REPLACED: 02/28/24

**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER** 

HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER- SUB-SPECIALTY	SERVICE DESCRIPTION	PROCEDURE— CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS		
			Sh	ared Living-New	(Un to	3 nec	nle)					
	Parti	cinant		0	` .	-	• /	al) cont	inued			
Participant Leased or Owned Residence (Residential) continued												
Habilitation Residential	44	4 <del>A</del>	4 <u>L</u>	Shared Living Level 3	T2016	TG	HQ	<del>\$104.08</del>	<del>Per diem</del>			
Habilitation Residential	11	4 <del>A</del>	4L	Shared Living Level 4	T2016	<del>U2</del>	HQ	\$123.09	<del>Per diem</del>			
Shared	Livin	g-Cor	versi	<del>on/Provider Leas</del>	ed or C	)wne	d Res	idence	(Resident	<del>ial)</del>		
Residential Care, (NOS), Waiver	41	4 <del>A</del>	4 <del>J</del>	Shared Living – Level 1 Up to 4 people	T2033	<del>UQ</del>		<del>\$61.81</del>	<del>Per diem</del>			
Residential Care, (NOS), Waiver	11	4 <del>A</del>	4 <del>J</del>	Shared Living Level 2 Up to 4 people	T2033	TF	<del>UQ</del>	<del>\$70.09</del>	<del>Per diem</del>			
Residential Care, (NOS), Waiver	11	4 <del>A</del>	4 <del>J</del>	Shared Living Level 3 Up to 4 people	T2033	ŦG	<del>UQ</del>	<del>\$84.86</del>	Per diem			
Residential Care, (NOS), Waiver	##	4 <del>A</del>	4 <del>J</del>	Shared Living – Level 4 – Up to 4 people	T2033	<del>U2</del>	<del>UQ</del>	\$ <del>111.26</del>	Per diem			
Shared I	Living	-Conv	ersio	n/Participant Lea	sed or	Own	ed Ro	esidence	e (Resider	<del>ntial)</del>		
Residential Care, (NOS), Waiver	11	44	4H	Shared Living – Level 1 Up to 4 people	T2033	шQ		<del>\$61.81</del>	<del>Per diem</del>			
Residential Care, (NOS), Waiver	11	4 <del>A</del>	4 <del>H</del>	Shared Living – Level 2 Up to 4 people	T2033	TF	<del>UQ</del>	<del>\$70.09</del>	Per diem			
Residential Care, (NOS), Waiver	11	4 <del>A</del>	4 <del>H</del>	Shared Living Level 3— Up to 4 people	T2033	TG	<del>UQ</del>	<del>\$84.86</del>	<del>Per diem</del>			
Residential Care, (NOS), Waiver	11	4 <del>A</del>	4 <del>H</del>	Shared Living Level 4 Up to 4 people	T2033	<del>U</del> 2	нб	\$ <del>111.26</del>	<del>Per diem</del>			

ISSUED: 07/05/25 REPLACED: 02/28/24

**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER** 

HIPAA CODE- NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER- SUB_SPECIALTY	SERVICE DESCRIPTION	PROCEDURE- CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT- OF SERVICE	ANN UAL SERV ICE LIMI TS
				Respite Serv	<del>/ices</del>					
Respite Care Services	83	83		Respite Care Services Out of Home	T1005	HQ		<del>\$3.50</del>	15 min	720- hours
			P	ersonal Emergenc System	y Resp	onse	<u> </u>			
Personal Emergency Response System	<del>16</del>	90		Installation	<del>S5160</del>			<del>\$30.00</del>	Install— ation	
Personal Emergency Response System	<del>16</del>	90		Monthly Service Fee	<del>S5161</del>			<del>\$27.00</del>	Monthly	
			Tran	sportation (Reside	ential (	<del>Servi</del>	<del>ces)</del>			
Transportation Local Trip	42	4 <u>X</u>	4 <del>W</del>	Transportation Regular (Comm Access)	T2001	U1		<del>\$5.58</del>	One-way	730
Transportation -Local Trip (W/C)	42	4 <u>X</u>	4W	Transportation Wheel chair — (Comm Access)	A0090			<del>\$9.32</del>	One-way	<del>730</del>
(11.5)			Ad	aptation/Accessib	ility So	ervice	es			
Assistive Technology/ Specialized Medical Equipment	<del>17</del>	91		Assistive Technology Specialized Medical Equip. and Supplies	T2029		Τ		Per Item/ Service	
Specialized  Medical  Equipment,  Not otherwise specified (NOS)	17	91		Repairs Specialized  Medical Equipment and  Assistive Technology	T2029	RB			<del>Per Item/</del> <del>Repair</del>	
Environmental- Modifications	<del>15</del>	80		Environmental Accessibility Adaptations	S5165				<del>Per</del> <del>Service</del>	
Remote Supports	<del>17</del>	91		Mobile Emergency response system Purchase	S5162				One Time	
Remote Supports	<del>17</del>	91		Mobile Emergency Response System Purchase	S5162	XU		\$50.00	Monthly-	

ISSUED: 07/05/25 REPLACED: 02/28/24

**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER** 

Remote Supports	<del>17</del>	91	Assistive Technology	T2035		<del>\$200</del>	One time per	Cannot be
			Supports Consultation-				POC Year	<del>provided</del>
								<del>in same</del>
								POC year
								as T1028

ISSUED: 07/05/25 REPLACED: 02/28/24

**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER** 

HIPAA CODE- NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER- SUB-SPECIALTY	SERVICE- DESCRIPTION	PROCEDURE- CODE	MODIFIER1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS
			A	daptation/Accessi	bility S	<del>Servic</del>	es			
Remote Supports	<del>17</del>	91		Home environment assessment	<del>T1028</del>			<del>\$450.00</del>	One Time	Cannot be provided in same POC year as T2035
Remote Supports	17	91		Med reminder serv per- month	<del>-S5185</del>			<del>\$75.00</del>	Monthly	,
Remote Supports	<del>17</del>	91		Monitoring- feature/device noc	A9279				One Time	
Remote Supports	17	91		Monitoring- feature/device noc- interactive audio and- video	A9279	<del>-GT</del>			One Time	
Remote Supports	17	91		Alert device, noc	A9280				One Time	
Incontinence Supplies	17	91		Adult size brief/diaper- sm	T4521			<del>\$0.50</del>		
Incontinence Supplies	17	91		Adult size brief/diaper med	-T4522			<del>\$0.60</del>		
Incontinence Supplies	17	91		Adult size brief/diaper- lg	-T4523			<del>\$0.87</del>		
Incontinence Supplies	17	91		Adult size brief/diaper	-T4524			<del>\$0.87</del>		
Incontinence Supplies	17	91		Adult size pull-on sm	-T4525			<del>\$0.85</del>		
Incontinence Supplies	17	91		Adult size pull-on med	-T4526			<del>\$0.85</del>		
Incontinence Supplies	17	91		Adult size pull-on lg	-T4527			\$0.94		

ISSUED: 07/05/25 REPLACED: 02/28/24

**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER** 

Incontinence Supplies	17	91		Adult size pull-on xl	T4528			\$1.17		
HIPAA CODE NAME	PROVIDERTYPE	PROVIDER SPEC	PROVIDER- SUB-SPECIALTY	SERVICE- DESCRIPTION	PROCEDURE. CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS
			A	daptation/Accessi	bility S	Servic	es			
Incontinence Supplies	<del>17</del>	91		<del>Disposable</del> <del>liner/shield/pad</del>	-T4535			<del>\$0.46</del>		
Incontinence Supplies	<del>17</del>	91		Large disposable underpad	<del>T4541</del>			<del>\$0.46</del>		
Incontinence Supplies	17	91		Small disposable underpad	T4542			<del>\$0.46</del>		
Incontinence Supplies	17	91		Adult disp brief/diap abv xl	-T4543			\$2.49		
Incontinence Supplies	<del>17</del>	91		Adlt disp und/pull on- abv xl	-T4544			\$2.49		
Incontinence Supplies	17	91		Incon disposable penile wrap	T4545			<del>\$1.25</del>		
Incontinence Supplies	17	91		Reusable pull-on any size	T4536			<del>\$0.76</del>		
Incontinence Supplies	<del>17</del>	91		Reusable underpad bed size	T4537			\$8,73		
Incontinence Supplies	17	91		Reusable diaper/brief any size	T4539			\$2.49		
Incontinence Supplies	17	91		Reusable underpad chair size	T4540			\$10.00		
			]	Day and Employn	nent Sc	ervices	\$			
Supported Employment	98	98		Group Employment	H2025			<del>\$2.76</del>	15 Min	32 Units per Day

ISSUED: 07/05/25 REPLACED: 02/28/24

# **CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**

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Supported - Employment	98	98	Work Based Learning Experience	H2023	<del>UK</del>	<del>UI</del>	<del>\$175.00</del>	Per- Assessment	3
Supported Employment	98	98	Job Development/Job- Placement	H2023	<del>U1</del>		<del>\$20.00</del>	15 minute	480 units
Supported- Employment	98	98	Initial Job Support And Job Stabilization	H2023	TS	<del>U1</del>	<del>\$18.50</del>	15 minute	1,920
Supported- Employment	98	98	Extended On The Job- Supports	H2023	TT	U1	<del>\$15.00</del>	15 minute	2,500
Supported Employment	98	98	Follow Along Job- Supports	H2026	<del>U1</del>		<del>\$70.00</del>	Per Diem	48
Supported- Employment	98	98	Virtual Delivery of Follow Along Job Supports	H2023	GT	<del>U1</del>	<del>\$13.63</del>	15 minute	960
Non-Emergency Transportation	98	98	Regular Transportation for Supported Employment Services	T2002			<del>\$20.00</del>	<del>Per Day</del>	
Habilitation, Prevocational	13	<del>36</del>	Pre-Vocational Onsite in a 1:5-8 ratio	T2025			<del>\$2.39</del>	15 Min	32 Units per Day, shared among all H2014 eodes
Non-Emergency Transportation	13	36	Regular Transportation for Prevocational Services	T2002			<del>\$20.00</del>	<del>Per Day</del>	
Habilitation, Prevocational	13	<del>36</del>	Virtual Delivery of Pre Vocational in a 1:5-8 ratio	T2025	<del>GT</del>		<del>\$2.98</del>	15 Min	32 Units- per Day, shared- among all- H2014- codes
Habilitation, Prevocational	13	<del>36</del>	Community Career Planning in a ratio of 1:2-4 ratio	T2025	₩Q		<del>\$4.50</del>	15 Min	32 Units per Day, shared among all H2014 codes
Habilitation, Prevocational	13	<del>36</del>	Community Career Planning in a ratio of 1:1 ratio	H2014	ŦŦ		<del>\$5.00</del>	15 min	32 Units- per Day, shared- among all- H2014- codes
<del>Day</del> Habilitation	14	<del>50</del>	Day Habilitation Onsite in a 1:5-8 ratio	T2021			<del>\$2.48</del>	15 Min	32 Units per Day shared among all T2021 codes

ISSUED: 07/05/25 REPLACED: 02/28/24

# **CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**

<del>Day</del> Habilitation	14	50		Virtual Delivery of Day Habilitation 1:58 ratio	T2021	CT		\$2.98	15 Min	32 Units per Day shared among all T2021 codes
Day Habilitation	14	50		Community Life Engagement in a Ratio of 1: 1 ratio	T2021	TT		<del>\$4.75</del>	15 Min	32 Units pe Day shared among all T2021 codes
<del>Day</del> – <del>Habilitation</del>	14	50		Community Life Engagement in a- Ratio of 1: 2-4 ratio	T2021	нб		\$4.00	15 Min	32 Units- per Day shared- among all T2021- codes
Non-Emergency Transportation	14	50		Regular Transportation for Day Habilitation	T2002			<del>\$20.00</del>	Per Day	
Day Habilitation	14	<del>50</del>		Community Life Engagement Development (1:1 ratio)	T2025	<del>U1</del>		<del>\$7.00</del>	15 minute	240 shared among all T2025 code
Day Habilitation	14	<del>50</del>		Community Life Engagement Development (1:2 ratio)	T2025	UN		\$4.00	15 minute	240 shared- among al T2025 cod
Day Habilitation	14	<del>50</del>		Community Life Engagement Development (1:3 ratio)	T2025	UP		<del>\$3.00</del>	15 minute	240 shared among al T2025 cod
HIPAA- CODE- NAME	PROVIDER TYPE	PROVIDERSPEC	PROVIDER- SUB -SPECIALTY	SERVICE- DESCRIPTION	PROCEDURE— CODE	MODIFIER 1	MODFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUA L SERVIC E LIMITS
				Nursing Se	ervices			•		
In Home Nursing Care by LPN	44 11	87 4A	4W	LPN Intermittent Services (1 person)	G0300			, <del>1</del> \$71.44	Per visit	
Services of Skilled Nurse In Home Health Setting	44	87 4A	- 4W	LPN-Intermittent Services (up to 4 persons)	G0300	TT		\$35.70	Per visit	
In Home Nursing Care by LPN	44	87 4A	4W	LPN-Extended Services (1 person)	<del>S9124</del>			\$41.60	Per hour	
In Home Nursing Care by LPN	44 11	87 4A	4W	LPN Extended Services (up to 2 persons)	S9124	TT		<del>\$20.80</del>	Per Hour	
RN Intermittent	44	<del>87</del>		Nursing RN						

ISSUED: 07/05/25 REPLACED: 02/28/24

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

Services	44	4 <b>A</b>	<b>4W</b>	(1 person)	G0299		<del>\$89.51</del>	Per visit	
RN Extended	44	87	4 <del>W</del>	Nursing RN	S9123	TT			
Services	44	44	**	(up to 2 persons)	<del>39143</del>	**	<del>\$21.10</del>	Per hour	
RN Extended	44	<del>87</del>	4 <del>W</del>	Nursing RN	S9123				
Services	44	<b>4A</b>	4**	(1 person)	39143		<del>\$44.20</del>	Per hour	
RN Intermittent	44	<del>87</del>	4W	Nursing RN		TT			
Services	44	44	**	(up to 4 persons)	G0299	#	<del>\$44.62</del>	<del>Per visit</del>	

ISSUED: 07/05/25 REPLACED: 02/28/24

**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER** 

HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER- SUB-SPECIALTY	SERVICE- DESCRIPTION	PROCEDURE— CODE	MODIFIER-1	MODIFIER 2	RATE	STANDARD UNIT. OF SERVICE	ANNUAL SERVICE LIMITS
		F	<del>rofes</del> :	<del>sional Services (</del> R	<del>egister</del>	ed D	ietici	<del>an)</del>		
Professional Services	4 <del>1,11,</del> 84	4 <del>R</del>	4 <del>W</del>	Registered Dictician (Individual)	<del>97802</del>			<del>\$9.00</del>	15 min	
Professional Services	4 <del>1,11,</del> 84	4R	4 <del>W</del>	Registered Dictician (Individual, Subsequent)	97803			<del>\$9.00</del>	15 min	
Professional Services	4 <del>1,11,</del> 84	4R	4W	Registered Dietician (Group)	<del>97804</del>			<del>\$9.00</del>	<del>15 min</del>	

			Profe	essional Services	(Speecl	<del>1 Therapy</del>	<del>')</del>		
	39	<del>71</del>		Speech Therapy Evaluation of Speech					
Professional Services	44	4 <del>A</del>	4 <del>W</del>	Fluency (e.g. stuttering,	92521		<del>\$21.00</del>	15 min	
	84	84		cluttering)					
	39	<del>71</del>		Speech Therapy Evaluation of Speech					
Professional Services	44	4 <del>A</del>	<b>4W</b>	sound production (e.g. articulation,	92522		<del>\$21.00</del>	<del>15 min</del>	
	84	84		<del>phonological process,</del> <del>apraxia, dysarthria)</del>					
	39	71		Speech Therapy Evaluation of Speech Sound Production (e.g., articulation,					
Professional Services	11	4 <del>A</del>	4 <del>W</del>	phonological process, apraxia, dysarthria) with evaluation of language	92523		<del>\$21.00</del>	<del>15 min</del>	
	84	84		comprehension and expression (e.g., receptive and expressive language)					
	39	71		Speech Therapy					
Professional Services	11	4 <del>A</del>	4 <del>W</del>	Behavioral and Oualitative Analysis of	<del>92524</del>		\$21.00	15 min	
Services	84	84		Voice and Resonance			φ2100	10 11111	
Professional -	39	<del>71</del>		Speech Therapy					
<del>Professional</del> <del>Services</del>	44	4 <del>A</del>	4 <del>W</del>	(Speech Language	<del>92507</del>		<del>\$21.00</del>	15 min	
	84	84		Hearing Therapy)					
Professional -	39	71		Speech Therapy					
Services	11	4 <del>A</del>	4 <del>W</del>	(Laryngeal function studies)	<del>92520</del>		<del>\$21.00</del>	15 min	
	84	84		<del>studies)</del>					

ISSUED: 07/05/25 REPLACED: 02/28/24

**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER** 

Perfectional Services   Speech Therapy   Option   Services   Speech Therapy   Option   Services   Speech Therapy   Option   Services   Servic											
Professional   30	CODE-	PROVIDER TYPE	PROVIDER SPEC	PROVIDER- SUB-SPECIALTY		PROCEDURE— CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	SERVICE.
Professional Services			Prof	fessior	nal Services (Spee	<del>ch The</del>	rapy	<del>) con</del>	tinued		
1		39	71								
Professional Services		44	4 <del>A</del>	4 <del>W</del>		92526			\$21.00	15 min	
Professional Services   14	<del>Services</del>	84	84		(Orar function therapy)				<del>⊕±1,00</del>	<del>10 mm</del>	
Services		39	71		Speech Thorany						
Professional Services		44	4 <del>A</del>	4 <del>W</del>	(Evaluation for non-	92605			\$21.00	15 min	
Professional Services	Bervices	84	84		speech device RX)				Ψ21.00	15 Hilli	
11		39	71		Speech Thorany						
Professional		11	4.4	4 <del>W</del>		92606			\$21.00	15 min	
Professional Services	<del>Services</del>	84	84		<del>service)</del>				<del>⊕21.00</del>	<del>13 mm</del>	
14		39	71		Speech Therapy						
Professional Services		41	4 <del>A</del>	4 <del>W</del>		92607			<b>\$21.00</b>	45	
Professional Services	Services	84	84	1	<del>RX)</del>				<del>\$21.00</del>	<del>15 mm</del>	
11		39	71		Charle Thomas						
Professional Services		11	44	4 <del>W</del>		92610			404.00		
Professional Services	Services	84	84	1					<del>\$21.00</del>	<del>15 min</del>	
Services		39	71								
Professional Services		- 11	44	4W		97530	GN		***		
Professional Services   39	Services	-	84	1	(Therapeutic activities)				<del>\$2.00</del>	<del>15 min</del>	
11					G I T						
Professional Services (Occupational Therapy   97165   \$44.40   30 min   30 min   37   74   4W   Occupational Therapy   97165   \$44.40   30 min   30 min   37   74   4W   Occupational Therapy   97166   \$66.60   45 min   97166   \$66.60   45 min   97167   \$88.80   60 min   97167   \$88.80   60 min   97168   \$23.00   15 min   97168   \$23.00   15 min   97166   \$60   \$6				4W		<del>97129</del>	CN				
Professional   37   74   4W   Occupational Therapy (OT Evaluation low-complex 30 min)   97165   \$44.40   30 min	Services						011		<del>\$21.00</del>	<del>15 min</del>	
Professional Services		0.		ofossi	anal Sarvices (Oc	cunati	onal	Thor	anv)		
Professional Services		T		Ulcssi	onar ber vices (oc	cupati	onar	THE	apy)		
11	Professional										
Professional Services				4 <del>W</del>	(	<del>97165</del>			<del>\$44.40</del>	30 min	
Services					•						
Services				4 <del>W</del>	1 12	07166			\$66.60	45i	
Professional Services	Bei vices				( - 111	<del>9/100</del>			<del>\$00.00</del>	<del>43 mm</del>	
Services	Professional			4W	_						
Professional Services	<del>Services</del>				(OT Evaluation high	<del>97167</del>			\$88.80	<del>60 min</del>	
11					<del>complex 60 min)</del>						
Services	Professional			1							
Professional Services				4 <del>W</del>		<del>97168</del>			<del>\$23.00</del>	15 min	
11   4A   4W		<del> </del>			pian o <del>r care)</del>						
11   4A   4W   (Application of hot or cold packs)   97010   GO   \$23.00   15 min	Professional	-									
Professional 11 4A 4W Occupational Therapy (Application of Traction, 97012 GO \$23.00 15 min		-		4W		<del>97010</del>	<del>CO</del>		<del>\$23.00</del>	15 min	
Professional Services 4W (Application of Traction, 97012 GO) \$23.00 15 min					_						
Complete				AW		97012	CO			15 min	
	Services			***		<del>7/V14</del>	30		<del>\$23.00</del>	TO MILL	

ISSUED: 07/05/25 REPLACED: 02/28/24

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER- SUB-SPECIALTY	SERVICE- DESCRIPTION	PROCEDURE.	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS
	P	<del>rofess</del>	<del>ional</del> :	<del>Services (Occupa</del>	t <del>ional '</del>	Thera	<del>apy) (</del>	<del>continu</del>	e <del>d</del>	
Professional	37	74		Occupational Therapy						
Services	<del>11</del> 84	4A 84	4W	(Application of electrical stimulation/ unattended)	<del>97014</del>	GO		<del>\$23.00</del>	15 min	
	37	74		Occupational Therapy						
Professional	44	4 <del>A</del>	4W	(Application of paraffin	97018	GO		d22.00	15 .	
Services	84	84		<del>bath)</del>				<del>\$23.00</del>	<del>15 min</del>	
	37	74		Occupational Therapy						
Professional Services	44	4 <del>A</del>	4W	(Application of	97022	GO		<del>\$23.00</del>	15 min	
Services	84	84	1	<del>whirlpool)</del>				<del>⊕43.00</del>	<del>13 mm</del>	
	<del>37</del>	74		Occupational Therapy						
Professional Services	44	4 <del>A</del>	4W	(Application of electrical	<del>97032</del>	GO		<del>\$23.00</del>	15 min	
Services	84	84		stimulation/ manual)				Ψ25.00	15 11111	
	37	74		Occupational Therapy						
Professional Services	44	44	4 <del>W</del>	4W (Application of	<del>97033</del>	GO		<del>\$23.00</del>	15 min	
Services	84	84	<del>iontophoresis)</del>				Ψ25.00	10 11111		
	<del>37</del>	<del>7</del> 4		Occupational Therapy						
Professional Services	44	4 <del>A</del>	4 <del>W</del>	(Application of	<del>97035</del>	GO		<del>\$23.00</del>	<del>15 min</del>	
	84	84		<del>ultrasound)</del>						
Professional -	<del>37</del>	<del>74</del>		Occupational Therapy						
Services	44	4 <del>A</del>	4 <del>W</del>	(OT Therapeutic	<del>97110</del>	GO		\$23.00	15 min	
	84	84		<del>Procedure)</del>						
Professional -	<del>37</del>	74		Occupational Therapy						
Services	44	4 <del>A</del>	4 <del>W</del>	(Massage therapy)	<del>97124</del>	<del>GO</del>		<del>\$23.00</del>	15 min	
	84	84								
Professional -	<del>37</del>	74		Occupational Therapy						
Services	44	4 <del>A</del>	4W	(Manual therapy)	<del>97140</del>	GO		<del>\$23.00</del>	15 min	
	84	84								
<b>Professional</b>	<del>37</del>	74		Occupational Therapy						
Services	44	4 <del>A</del>	4 <del>W</del>	(Therapeutic activities)	<del>97530</del>	GO		<del>\$23.00</del>	15 min	
	84	84								
<b>Professional</b>	37	74		Occupational Therapy		~ -				
Services	41	4 <del>A</del>	4 <del>W</del>	(Cognitive skills development)	<del>97129</del>	GO		<del>\$23.00</del>	15 min	
	84	84		development)						
<b>Professional</b>	37	74		Occupational Therapy	0==::					
Services	11	4 <del>A</del>	4 <del>W</del>	<del>(Wheelchair management)</del>	<del>97542</del>	GO		<del>\$23.00</del>	15 min	
	84	84		management)						

ISSUED: 07/05/25 REPLACED: 02/28/24

**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER** 

HIPAA CODE- NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER- SUB-SPECIALTY	SERVICE DESCRIPTION	PROCEDURE— CODE	MODIFIER-1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS
			Profe	ssional Services (	Physic	al Th	erap	<del>y)</del>		
	35	65		Physical Therapy						
Professional Services	44	4 <del>A</del>	4 <del>W</del>	(PT Evaluation low	<del>97161</del>			\$29.60	20 min	
<del>Services</del>	84	84		complex 20 min)	7/101			<del>Ф±2.00</del>	<del>20 mm</del>	
Professional -	<del>35</del>	<del>65</del>		Physical Therapy						
Services	11	44	4 <del>W</del>	(PT Evaluation mod	<del>97162</del>			<del>\$44.40</del>	<del>30 min</del>	
Professional	84 35	84 65		complex 30 min )						
Services	11	4A	4W	Physical Therapy (PT Evaluation high	97163			<del>\$66.60</del>	45 min	
	84	84	- ' '	eomplex 45 min )				4.3.00		
	35	<del>65</del>		Physical Therapy						
Professional Services	44	4 <del>A</del>	4W	(PT re evaluation est plan	97164			\$23.00	15 min	
Services	84			<del>of care)</del>	27104			Ψ25.00	15 11111	
	35	65		Physical Therapy						
Professional	- 11	4 <del>A</del>	4W	(Application of hot or	<del>97010</del>	CP		daa oo	45 .	
Services	84	84		cold packs)				<del>\$23.00</del>	<del>15 min</del>	
	35	65		DI + 1/71						
Professional	11	4A	4W	Physical Therapy (Application of traction,	97012	CP				
<del>Services</del>	84	84		mechanical)	27012	GI.		<del>\$23.00</del>	<del>15 min</del>	
	35	65								
<b>Professional</b>	11	44	4W	Physical Therapy (Application of electrical	97014	GP				
<b>Services</b>		1	4**	stimulation/ unattended)	9/014	<del>GP</del>		<del>\$23.00</del>	15 min	
	84	84								
Professional -	35	65		Physical Therapy		~-				
Services	41	4 <del>A</del>	4 <del>W</del>	(Application of paraffin bath)	<del>97018</del>	GP		<del>\$23.00</del>	<del>15 min</del>	
	84	84		- Datity						
Professional	35	65		Physical Therapy						
Services	- 11	4 <del>A</del>	4 <del>W</del>	(Application of	<del>97022</del>	GP		<del>\$23.00</del>	15 min	
	84	84		<del>whirlpool)</del>						
Dwofog-!1	<del>35</del>	<del>65</del>		Physical Therapy						
Professional Services	44	4 <del>A</del>	4 <del>W</del>	(Application of electrical	<del>97032</del>	GP		<del>\$23.00</del>	<del>15 min</del>	
	84	84		stimulation/ manual)						
D 6 : :	35	65		Physical Therapy						
Professional Services	44	4 <del>A</del>	4W	(Application of	<del>97033</del>	CP		<del>\$23.00</del>	15 min	
<del>Del vices</del>	84	84		<del>iontophoresis)</del>				ψ <del>20.00</del>	10-mm	
	35	65		Physical Therapy						
Professional	44	4 <del>A</del>	4W	(Application of	97035	GP		¢22.00	15	
Services	84	84		<del>ultrasound)</del>				<del>\$23.00</del>	<del>15 min</del>	
	35	65								
D 6			1	DI 1 1777						
Professional Services	444	Physical Therapy (Therapeutic Procedure)	<del>97110</del>	GP GP		<del>\$23.00</del>	) 15 min			

ISSUED: 07/05/25 REPLACED: 02/28/24

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER- SUB-SPECIALTY	SERVICE DESCRIPTION	PROCEDURE— CODE	MODIFIER-1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS
		Prof	<del>ession</del>	al Services (Physi	ical Th	erapy	<del>y) coı</del>	ntinued		
	35	<del>65</del>		Physical Therapy						
Professional Services	11	4 <del>A</del>	4 <del>W</del>	<del>(neuromuscular -</del>	<del>97112</del>			<del>\$23.00</del>	15 min	
	84	84		re-education)					-	
Professional -	35	<del>65</del>	1	Physical Therapy						
Services	- 11	4A	4 <del>W</del>	(Gait training)	<del>97116</del>			<del>\$23.00</del>	15 min	
	84	84								
Professional -	35	65		Physical Therapy	0.2464	an.				
Services	11	4 <del>A</del> 84	4 <del>W</del>	(Massage therapy)	<del>97124</del>	GP		<del>\$23.00</del>	15 min	
	84 35	84 65								
<b>Professional</b>	11	4A	4 <del>W</del>	Physical Therapy (Manual therapy)	97140	<del>CP</del>				
Services	84	84			27140			<del>\$23.00</del>	<del>15 min</del>	
	35	65		Physical Therapy (Therapeutic activities)						
Professional	44	4 <del>A</del>	4W		97530	GP		\$23.00	45	
Services	84	84						<del>\$23.00</del>	<del>15 min</del>	
	35	65		Physical Therapy (Wheelchair Management)	<del>97542</del>					
Professional Services	44	4 <del>A</del>	4W			GP		\$23.00	15 min	
Services	84	84						Ψ20.00	10 11111	
			Pro	ofessional Service	es (Soci	al W	<del>ork)</del>			
	73	73								
Professional Services	44	44	4 <del>W</del>	Social Worker (Family psychotherapy)	90847	AJ		<del>\$18.00</del>	15 min	
232.1202	84	84								
	<del>73</del>	<del>73</del>								
Professional	11	4A		Social Worker						
Services	84	84	4 <del>W</del>	(Group psychotherapy)	90853	AJ		<del>\$18.00</del>	15 min	
			-							
	73	73								
Professional	11	4 <del>A</del>	4W	Social Worker (Self care Management	97535	AJ				
Services	84	84	1	Training)	<del>71033</del>	140		<del>\$18.00</del>	<del>15 min</del>	
	73	73		Social Worker						
Professional Services	11	4 <del>A</del>	4W	(Community/Work	97537	AJ		¢10 00	15	
Services	84	84		Reintegration)				<del>\$18.00</del>	<del>15 min</del>	
	73	73								
	11	4 <del>A</del>		Social Worker						
Professional Services	84	84	4 <del>W</del>	(Home visit assistance w/ADL's and personal care)	99509	AJ		<del>\$18.00</del>	15 min	

ISSUED: 07/05/25 REPLACED: 02/28/24

**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER** 

HIPAA CODE- NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER- SUB-SPECIALITY	SERVICE- DESCRIPTION	PROCEDURE— CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL- SERVICE- LIMITS
	<del>) Nd</del>	PRC	# 55		耳	*	<b>≱</b>		<del>13</del> θ	
		Pr	ofessi	onal Services (So	cial W	ork) (	<del>Contii</del>	nued		
	73	73		Social Worker						
Professional	44	4 <del>A</del>	4 <del>W</del>	(Home Visit,	99510	AJ		<b>#10.00</b>	45 .	
Services	84	84		Sing/M/Fam Counseling)				<del>\$18.00</del>	<del>15 min</del>	
	73	73		Social Worker						
Professional Services	44	4 <del>A</del>	4 <del>W</del>	(Unlisted Home Visit	99600	AJ		\$18.00	15 min	
Services	84	84	1	Service or Procedure)				<del>\$10.00</del>	<del>13 mm</del>	
<b>.</b>	73	73		G . 1777						
Professional Services	44	4.	4 <del>W</del>	Social Worker (HHCP SVS of CSW)	G0155			<del>\$18.00</del>	15 min	
Ser vices	84	84								
Professional -	73	<del>73</del>	4 <del>W</del>	Social Worker (Assertive Community treatment face to face)	H0039	AJ		\$18.00	<del>15 min</del>	
<del>Services</del>	11	4 <del>A</del>								
	84	84								
Professional	73	73	4W	Social Worker (Mental Health Services, NOS)	H0046	AJ				
Services	44	4 <del>A</del>						<del>\$18.00</del>	15 min	
	84	84								
Professional	73	73	4 <del>W</del>	Social Worker (Crisis Intervention)	H2011	AJ				
Services	11	4 <del>A</del>						<del>\$18.00</del>	15 min	
	84	84								
Professional -	73	73		Social Worker	H2014					
Services	11	4.4	4 <del>W</del>	(Skilled Training and Development)				\$18.00	15 min	
	84	84		Development)						
Professional	73	73		Social Worker					15 min	
Services	<del>11</del>	4 <del>A</del>	4W	(Psychosocial Rehab Services)	H2017	AJ		<del>\$18.00</del>		
	84	84	-	Services)						
<b>Professional</b>	73	73	4***	Social Worker	*****					
Services	11	4 <del>A</del>	4W	(Therapeutic Behavior Service)	H2019	AJ		<del>\$18.00</del>	15 min	
	84	84	<del>                                     </del>	22-140)						
<b>Professional</b>	73	73	4557	Social Worker (Community, based Wran	112021	A T				
<b>Services</b>	11 84	4 <del>A</del> 84	4 <del>W</del>	(Community based Wrap Around)	H2021	AJ		<del>\$18.00</del>	<del>15 min</del>	
			Pr	<del>ofessional Servic</del>	e <del>s (Psy</del>	<del>chol</del> e	<del>gy)</del>			
Professional -	31	62, 95,96		Psychologist (Interactive						
Services	11	4 <del>A</del>	]	Psychological Diagnostic	90791			<del>\$31.25</del>	15 min	
	84	84		<del>Interview)</del>						

ISSUED: 07/05/25 REPLACED: 02/28/24

**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER** 

HIPAA CODE- NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER- SUB SPECIALITY	SERVICE- DESCRIPTION	PROCEDURE- CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS		
	Professional Services (Psychology) continued											
	31	<del>62,</del> 95,96		Psychologist								
Professional Services	11	4A	4 <del>W</del>	(Individual	90832			\$31.25	15 min			
Services	84	84		Psychotherapy)	70002			φο1.20	10 11111			
Professional	31	<del>62,</del> 95,96		Psychologist (Family therapy without patient present)	90846							
Services	11	4 <del>A</del>	4 <del>W</del>					<del>\$31.25</del>	15 min			
	84	84										
Professional	31	<del>62,</del> 9 <del>5,96</del>	4 <del>W</del>	Psychologist (Special Family Therapy w/ patient)	<del>90847</del>							
Services	44	4 <del>A</del>				AH		<del>\$31.25</del>	15 min			
	84	84										
Professional	31	<del>62,</del> 95,96	4W	Psychologist (Group Psychotherapy)	90853							
Services	11	4 <del>A</del>				AH	<del>\$31.25</del>	<del>\$31.25</del>	15 min			
	84	84										
Professional -	31	<del>62,</del> 9 <del>5,</del> 96	4W	Psychologist (Pharmacologie Management)	<del>90863</del>							
Services	44	4 <del>A</del>						<del>\$31.25</del>	15 min			
	84	84		<del>Management)</del>								
Professional	31	<del>62,</del> 95,96		Psychologist -								
Services	44	4 <del>A</del>	4 <del>W</del>	(Psychological Testing by Psychologist	<del>96130</del>			<del>\$31.25</del>	15 min			
	84	84		1-sychologist								
Professional -	31	<del>62,</del> 95,96	4 <del>W</del>	Psychologist -								
Services	11	4 <del>A</del>		(Psychological Testing by Tech)	<del>96138</del>			<del>\$31.25</del>	15 min			
	84	84		10011)								
Professional -	31	<del>62,</del> 9 <del>5,96</del>	4777	Psychologist								
Services	44	4 <del>A</del>	4W	(Neuropsychological testing)	<del>96132</del>			<del>\$31.25</del>	<del>15 min</del>			
	84	84		testing)	l							

ISSUED: 07/05/25 REPLACED: 02/28/24

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER- SUB-SPECIALTY	SERVICE DESCRIPTION	PROCEDURE— CODE	MODIFIER-1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS
		P	rofess	<del>ional Services (Ps</del>	ycholo	<del>gy) c</del>	ontin	ued		
	31	62,								
Professional		95,96 4A	4 <del>W</del>	Psychologist (Self-care Management-	<del>97535</del>	<del>AH</del>		d21.25	15 min	
Services	84	84	1	Training)				<del>\$31.25</del>		
	31	62,								
Professional		95,96	4W	Psychologist (Community/Work		AH				
Services	11 84	4 <del>A</del> 84		Reintegration)	<del>97537</del>			<del>\$31.25</del>	<del>15 min</del>	
		62,		Davish ala sist						
Professional	31	95,96	4W	Psychologist (Home visit for	99509	AH			15 min	
Services	44	4 <del>A</del>	4**	Assistance with ADL's	<del>99509</del>	AH		<del>\$31.25</del>		
	84	84 62,		and Personal Care)						
Professional—	31	9 <del>5,96</del>	4 <del>W</del>	Psychologist (Home Visit, Sing/M/Fam Counseling)			<del>\$31</del>			
Services	44	4 <del>A</del>			99510	AH		<del>\$31.25</del>	<del>15 min</del>	
	84	84 62.		<i>C</i> ,						
Professional	31	9 <del>5,96</del>	4W	Psychologist (Unlisted Home Visit Service or Procedure)	99600					
Services	44	4 <del>A</del>				AH		<del>\$31.25</del>	15 min	
	84	84								
D.C. I	31	<del>62,</del> 95,96	4 <b>W</b>	Psychologist	Assertive Community H0039					
Professional Services	44	4 <del>A</del>		(Assertive Community Treatment Face to Face)		AH		<del>\$31.25</del>	<del>15 min</del>	
	84	84								
	31	<del>62,</del> 95,96	4 <del>W</del>	<del>Psychologist</del>	H0046	AH				
Professional Services	- 44	4 <u>A</u>		(Mental Health Services, NOS)				<del>\$31.25</del>	<del>15 min</del>	
	84	84								
	31	<del>62,</del> 95,96								
Professional Services		44	4 <del>W</del>	Psychologist (Crisis Intervention)	H2011	AH	H	<del>\$31.25</del>	15 min	
Ser vices	84	84	1	(CHSIS Intervention)				ψ31.23	13 11111	
	31	62, 95,96		Psychologist						
Professional Services	- 41	<del>93,90</del> 4A	4 <del>W</del>	(Psychosocial Rehab	H2017	<del>AH</del>		\$31.25	15 min	
<del>Der vices</del>	84	84		Services)				<del>♥∂1.4∂</del>	<del>13 mm</del>	
	31	62,		B 13.44						
Professional	11	95,96 4A	4 <del>W</del>	Psychologist (Therapeutic Behavior	H2019	AH	<del>AH</del>	dat 25	15 .	
Services	84	84		Service)	And And			<del>\$31.25</del>	15 min	
	31	62,								
Professional		95,96	4W	Psychologist (Community based Wrap	H2021	AH				
Services	11 84	4A 94	.,,	Around)	<del>112021</del>	****		<del>\$31.25</del>	15 min	
	<del>84</del>	84					1		<u> </u>	

ISSUED: 07/05/25 REPLACED: 02/28/24

**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER** 

HIPAA- CODE- NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER- SUB-SPECIALTY	SERVICE- DESCRIPTION	PROCEDURE	7000	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL- SERVICE- LIMITS
Permanent Supportive Housing Supports											
Permanent Supportive	AW			Housing Stabilization	G9012	2			<del>\$15.11</del>	<del>15 Min.</del>	72 units
Housing									<del>\$60.44</del>	<del>1 Hour</del>	umuuny
Permanent Supportive	AW			Housing Stabilization	G901	2	<del>U8</del>		<del>\$15.11</del>	15 Min.	93 units
Housing				Transition	<del>07012</del>				<del>\$60.44</del>	<del>1 Hour</del>	<del>annually</del>
Adult Day Health Care (ADHC) Service											
Medical- Rehabilitation- Day Program	<del>85</del>	<del>35</del>	4 <del>W</del>	Adult Day Health Care Center Based Service (ADHC)	<del>\$510</del>	0			\$2.78 Rate include provider—specific—transportatio	15 min	Max 40- unit per day
			M	Ionitored In-Ho	<del>me C</del> a	re (	Givi	ng			
Monitored In- Home Care Giving	MI	<del>35</del>		Waiver Service not otherwise specified Level 1	T2033				\$90.03	<del>per</del> <del>diem</del>	
Monitored In- Home Care Giving	<del>MI</del>	<del>35</del>		Waiver Service not otherwise specified  Level 2	<del>T2033</del>	-	<del>TG</del>		<del>\$135.04</del>	<del>per</del> <del>diem</del>	
Monitored In- Home Care Giving	<del>MI</del>	<del>35</del>		Assessment	<del>T1028</del>	4	<del>U</del>		\$250.00	one- time	
	Financial Management Services										
Financial Management Services (FMS) Monthly Administrati ve Fee	01			<del>Financial</del> <del>Management</del> <del>Services</del>	<del>W7319</del>			<del>\$1</del> 6	<del>)5.88</del>	<del>Monthly</del>	