

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.

<u>HIPAA CODE NAME</u>	<u>PROVIDER TYPE</u>	<u>PROVIDER SPEC</u>	<u>PROVIDER SUB- SPECIALTY</u>	<u>SERVICE DESCRIPTION</u>	<u>PROCEDURE CODE</u>	<u>MODIFIER 1</u>	<u>MODIFIER 2</u>	<u>RATE</u>	<u>STANDARD UNIT OF SERVICE</u>	<u>SERVICE LIMITS</u>
<u>Support Coordination</u>										
<u>Case Management</u>	<u>45</u>	<u>81</u>	<u>4W</u>	<u>Support Coordination</u>	<u>T1016</u>			<u>\$176.79</u>	<u>Monthly</u>	<u>12</u>
<u>Transition Funding</u>										
<u>Community Transition Waiver</u>	<u>2</u>	<u>4A</u>		<u>One time transition service</u>	<u>T2038</u>			<u>\$3000.00</u>		<u>Life time maximum limit</u>
<u>Community Living Supports (Residential)</u>										
<u>Attendant Care Services</u>	<u>82</u>	<u>82</u>	<u>4W</u>	<u>Community Living Supports – 1 Person</u>	<u>S5125</u>			<u>\$4.63</u>	<u>15 Minute</u>	
<u>Attendant Care Services</u>	<u>82</u>	<u>82</u>	<u>4W</u>	<u>Community Living Supports – 2 Persons</u>	<u>S5125</u>	<u>UN</u>		<u>\$3.31</u>	<u>15 Minute</u>	
<u>Attendant Care Services</u>	<u>82</u>	<u>82</u>	<u>4W</u>	<u>Community Living Supports – 3 persons</u>	<u>S5125</u>	<u>UP</u>		<u>\$2.71</u>	<u>15 Minute</u>	
<u>Host Home Services-Children under 18 (Residential)</u>										
<u>Foster Care</u>	<u>84</u>	<u>84</u>	<u>4W</u>	<u>Host Home Level 1</u>	<u>S5140</u>	<u>HA</u>		<u>\$52.95</u>	<u>Per diem</u>	
<u>Foster Care</u>	<u>84</u>	<u>84</u>	<u>4W</u>	<u>Host Home Level 2</u>	<u>S5140</u>	<u>TF</u>	<u>HA</u>	<u>\$57.05</u>	<u>Per diem</u>	
<u>Foster Care</u>	<u>84</u>	<u>84</u>	<u>4W</u>	<u>Host Home Level 3</u>	<u>S5140</u>	<u>TG</u>	<u>HA</u>	<u>\$64.11</u>	<u>Per diem</u>	
<u>Foster Care</u>	<u>84</u>	<u>84</u>	<u>4W</u>	<u>Host Home Level 4</u>	<u>S5140</u>	<u>U2</u>	<u>HA</u>	<u>\$68.95</u>	<u>Per diem</u>	

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<u>Host Home Services-Adults 18 and over (Residential)</u>										
<u>Foster Care Adult</u>	<u>84</u>	<u>84</u>	<u>4W</u>	<u>Host Home Level 1</u>	<u>S5140</u>			<u>\$52.67</u>	<u>Per diem</u>	
<u>Foster Care Adult</u>	<u>84</u>	<u>84</u>	<u>4W</u>	<u>Host Home Level 2</u>	<u>S5140</u>	<u>TF</u>		<u>\$57.05</u>	<u>Per diem</u>	
<u>Foster Care Adult</u>	<u>84</u>	<u>84</u>	<u>4W</u>	<u>Host Home Level 3</u>	<u>S5140</u>	<u>TG</u>		<u>\$64.11</u>	<u>Per diem</u>	
<u>Foster Care Adult</u>	<u>84</u>	<u>84</u>	<u>4W</u>	<u>Host Home Level 4</u>	<u>S5140</u>	<u>U2</u>		<u>\$69.32</u>	<u>Per diem</u>	
<u>Companion Care Services (Residential)</u>										
<u>Companion Care, Adult</u>	<u>82</u>	<u>82</u>	<u>4W</u>	<u>Companion Care</u>	<u>S5136</u>			<u>\$92.02</u>	<u>Per diem</u>	
<u>Shared Living Services-New (Up to 3 people) Provider Leased or Owned Residence (Residential)</u>										
<u>Habilitation, Residential</u>	<u>11</u>	<u>4A</u>	<u>4G</u>	<u>Shared Living – Level 1</u>	<u>T2016</u>			<u>\$82.33</u>	<u>Per diem</u>	
<u>Habilitation Residential</u>	<u>11</u>	<u>4A</u>	<u>4G</u>	<u>Shared Living – Level 2</u>	<u>T2016</u>	<u>TF</u>	<u>HQ</u>	<u>\$90.81</u>	<u>Per diem</u>	
<u>Habilitation Residential</u>	<u>11</u>	<u>4A</u>	<u>4G</u>	<u>Shared Living – Level 3</u>	<u>T2016</u>	<u>TG</u>	<u>HQ</u>	<u>\$104.08</u>	<u>Per diem</u>	
<u>Habilitation Residential</u>	<u>11</u>	<u>4A</u>	<u>4G</u>	<u>Shared Living – Level 4</u>	<u>T2016</u>	<u>U2</u>	<u>HQ</u>	<u>\$123.09</u>	<u>Per diem</u>	
<u>Shared Living-New (Up to 3 people) Participant Leased or Owned Residence (Residential)</u>										
<u>Habilitation, Residential</u>	<u>11</u>	<u>4A</u>	<u>4L</u>	<u>Shared Living – Level 1</u>	<u>T2016</u>	<u>HQ</u>		<u>\$82.33</u>	<u>Per diem</u>	
<u>Habilitation Residential</u>	<u>11</u>	<u>4A</u>	<u>4L</u>	<u>Shared Living – Level 2</u>	<u>T2016</u>	<u>TF</u>	<u>HQ</u>	<u>\$90.81</u>	<u>Per diem</u>	

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<u>Shared Living-New (Up to 3 people)</u>										
<u>Participant Leased or Owned Residence (Residential) continued</u>										
<u>Habilitation Residential</u>	<u>11</u>	<u>4A</u>	<u>4L</u>	<u>Shared Living – Level 3</u>	<u>T2016</u>	<u>TG</u>	<u>HQ</u>	<u>\$104.08</u>	<u>Per diem</u>	
<u>Habilitation Residential</u>	<u>11</u>	<u>4A</u>	<u>4L</u>	<u>Shared Living – Level 4</u>	<u>T2016</u>	<u>U2</u>	<u>HQ</u>	<u>\$123.09</u>	<u>Per diem</u>	
<u>Shared Living-Conversion/Provider Leased or Owned Residence (Residential)</u>										
<u>Residential Care, (NOS), Waiver</u>	<u>11</u>	<u>4A</u>	<u>4J</u>	<u>Shared Living – Level 1 Up to 4 people</u>	<u>T2033</u>	<u>UQ</u>		<u>\$61.81</u>	<u>Per diem</u>	
<u>Residential Care, (NOS), Waiver</u>	<u>11</u>	<u>4A</u>	<u>4J</u>	<u>Shared Living – Level 2 Up to 4 people</u>	<u>T2033</u>	<u>TF</u>	<u>UQ</u>	<u>\$70.09</u>	<u>Per diem</u>	
<u>Residential Care, (NOS), Waiver</u>	<u>11</u>	<u>4A</u>	<u>4J</u>	<u>Shared Living – Level 3 Up to 4 people</u>	<u>T2033</u>	<u>TG</u>	<u>UQ</u>	<u>\$84.86</u>	<u>Per diem</u>	
<u>Residential Care, (NOS), Waiver</u>	<u>11</u>	<u>4A</u>	<u>4J</u>	<u>Shared Living – Level 4 Up to 4 people</u>	<u>T2033</u>	<u>U2</u>	<u>UQ</u>	<u>\$111.26</u>	<u>Per diem</u>	
<u>Shared Living-Conversion/Participant Leased or Owned Residence (Residential)</u>										
<u>Residential Care, (NOS), Waiver</u>	<u>11</u>	<u>4A</u>	<u>4H</u>	<u>Shared Living – Level 1 Up to 4 people</u>	<u>T2033</u>	<u>UQ</u>		<u>\$61.81</u>	<u>Per diem</u>	
<u>Residential Care, (NOS), Waiver</u>	<u>11</u>	<u>4A</u>	<u>4H</u>	<u>Shared Living – Level 2 Up to 4 people</u>	<u>T2033</u>	<u>TF</u>	<u>UQ</u>	<u>\$70.09</u>	<u>Per diem</u>	
<u>Residential Care, (NOS), Waiver</u>	<u>11</u>	<u>4A</u>	<u>4H</u>	<u>Shared Living – Level 3 Up to 4 people</u>	<u>T2033</u>	<u>TG</u>	<u>UQ</u>	<u>\$84.86</u>	<u>Per diem</u>	
<u>Residential Care, (NOS), Waiver</u>	<u>11</u>	<u>4A</u>	<u>4H</u>	<u>Shared Living – Level 4 Up to 4 people</u>	<u>T2033</u>	<u>U2</u>	<u>UQ</u>	<u>\$111.26</u>	<u>Per diem</u>	

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<u>Respite Services</u>										
<u>Respite Care Services</u>	83	83		<u>Respite Care Services- Out of Home</u>	T1005	HQ		\$3.50	15 Minute	720 hours
<u>Personal Emergency Response System</u>										
<u>Personal Emergency Response System</u>	16	90		<u>Installation</u>	S5160			\$30.00	One time	<u>Once at each residence</u>
<u>Personal Emergency Response System</u>	16	90		<u>Monthly Service Fee</u>	S5161			\$27.00	Monthly	12
<u>Transportation (Residential Services)</u>										
<u>Transportation Local Trip</u>	42	4X	4W	<u>Transportation Regular - (Comm Access)</u>	T2001	U1		\$6.00	One-way	730
		4A								
<u>Transportation – Local Trip (W/C)</u>	42	4X	4W	<u>Transportation Wheel chair – (Comm Access)</u>	A0090			\$10.00	One-way	730
		4A								
<u>Specialized Medical Equipment</u>										
<u>Assistive Technology/ Specialized Medical Equipment</u>	17	91		<u>Assistive Technology Specialized Medical Equip. and Supplies</u>	T2029				Per Item/ Service	
<u>Specialized Medical Equipment, Not otherwise specified (NOS)</u>	17	91		<u>Repairs Specialized Medical Equipment and Assistive Technology</u>	T2029	RB			Per Item/ Repair	
<u>Environmental Modifications</u>	15	80		<u>Environmental Accessibility Adaptations</u>	S5165				Per Service	
<u>Remote Supports</u>	17	91		<u>Emergency response system Purchase</u>	S5162					
<u>Remote Supports</u>	17	91		<u>Emergency Response System Purchase</u>	S5162	XU		\$50.00	Monthly	12
<u>Remote Supports</u>	17	91		<u>Assistive Technology Supports Consultation</u>	T2035			\$200	Once per POC. year Cannot be provided in	

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									same POC year as T1028	
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Specialized Medical Equipment continued										
<u>Remote Supports</u>	<u>17</u>	<u>91</u>		<u>Home environment assessment</u>	<u>T1028</u>			<u>\$450.00</u>	<u>One Time</u> <u>Cannot be</u> <u>provided in</u> <u>same POC</u> <u>year as</u> <u>T2035</u>	
<u>Remote Supports</u>	<u>17</u>	<u>91</u>		<u>Med reminder service per month</u>	<u>S5185</u>			<u>\$75.00</u>	<u>Monthly</u>	<u>12</u>
<u>Remote Supports</u>	<u>17</u>	<u>91</u>		<u>Monitoring feature/device noc</u>	<u>A9279</u>					
<u>Remote Supports</u>	<u>17</u>	<u>91</u>		<u>Monitoring feature/device noc interactive audio and video</u>	<u>A9279</u>	<u>GT</u>				
<u>Remote Supports</u>	<u>17</u>	<u>91</u>		<u>Alert device, noc</u>	<u>A9280</u>					
Incontinence Products										
<u>Incontinence Supplies</u>	<u>17</u>	<u>91</u>		<u>Adult Size Brief/Diaper Small</u>	<u>T4521</u>					<u>Total Incontinence Products</u> <u>NTE \$2500</u> <u>per CPOC</u> <u>year</u>
<u>Incontinence Supplies</u>	<u>17</u>	<u>91</u>		<u>Adult Size Brief/Diaper Medium</u>	<u>T4522</u>					
<u>Incontinence Supplies</u>	<u>17</u>	<u>91</u>		<u>Adult Size Brief/Diaper Large</u>	<u>T4523</u>					
<u>Incontinence Supplies</u>	<u>17</u>	<u>91</u>		<u>Adult Size Brief/Diaper X-Large</u>	<u>T4524</u>					
<u>Incontinence Supplies</u>	<u>17</u>	<u>91</u>		<u>Adult Size Pull-On Small</u>	<u>T4525</u>					
<u>Incontinence Supplies</u>	<u>17</u>	<u>91</u>		<u>Adult Size Pull-On Medium</u>	<u>T4526</u>					

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

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

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

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Day Habilitation	14	50		Community Life Engagement Development (1:2 ratio)	T2025	UN		\$4.00	15 Minute	
Day Habilitation	14	50		Community Life Engagement Development (1:3 ratio)	T2025	UP		\$3.00	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
<u>Nursing Services</u>										
In Home Nursing Care by LPN	44 11	87 4A	4W	LPN-Intermittent Services (1 person)	G0300			\$71.44	Per visit	
Services of Skilled Nurse In Home Health Setting	44 11	87 4A	4W	LPN-Intermittent Services (up to 4 persons)	G0300	TT		\$35.70	Per visit	
In Home Nursing Care by LPN	44 11	87 4A	4W	LPN-Extended Services (1 person)	S9124			\$41.60	Per hour	
In Home Nursing Care by LPN	44 11	87 4A	4W	LPN-Extended Services (up to 2 persons)	S9124	TT		\$20.80	Per Hour	
RN Intermittent Services	44 11	87 4A	4W	Nursing RN (1 person)	G0299			\$89.51	Per visit	
RN Extended Services	44 11	87 4A	4W	Nursing RN (up to 2 persons)	S9123	TT		\$22.10	Per hour	
RN Extended Services	44 11	87 4A	4W	Nursing RN (1 person)	S9123			\$44.20	Per hour	
RN Intermittent Services	44 11	87 4A	4W	Nursing RN (up to 4 persons)	G0299	TT		\$44.62	Per visit	

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<u>HIPAA CODE NAME</u>	<u>PROVIDER TYPE</u>	<u>PROVIDER SPEC</u>	<u>PROVIDER SUB-SPECIALTY</u>	<u>SERVICE DESCRIPTION</u>	<u>PROCEDURE CODE</u>	<u>MODIFIER 1</u>	<u>MODIFIER 2</u>	<u>RATE</u>	<u>STANDARD UNIT OF SERVICE</u>	<u>SERVICE LIMITS</u>
Professional Services (Registered Dietician)										
Professional Services	41.11, 84	4R	4W	Registered Dietician (Individual)	97802			\$9.00	15 Minute	
Professional Services	41.11, 84	4R	4W	Registered Dietician (Individual, Subsequent)	97803			\$9.00	15 Minute	
Professional Services	41.11, 84	4R	4W	Registered Dietician (Group)	97804			\$9.00	15 Minute	

Professional Services (Speech Therapy)										
Professional Services	39	71	4W	Speech Therapy Evaluation of Speech Fluency (e.g. stuttering, cluttering)	92521			\$21.00	15 Minute	
	11	4A								
	84	84								
Professional Services	39	71	4W	Speech Therapy Evaluation of Speech sound production (e.g. articulation, phonological process, apraxia, dysarthria)	92522			\$21.00	15 Minute	
	11	4A								
	84	84								
Professional Services	39	71	4W	Speech Therapy Evaluation of Speech Sound Production (e.g., articulation, phonological process, apraxia, dysarthria) with evaluation of language comprehension and expression (e.g., receptive and expressive language)	92523			\$21.00	15 Minute	
	11	4A								
	84	84								
Professional Services	39	71	4W	Speech Therapy Behavioral and Qualitative Analysis of Voice and Resonance	92524			\$21.00	15 Minute	
	11	4A								
	84	84								
Professional Services	39	71	4W	Speech Therapy (Speech Language Hearing Therapy)	92507			\$21.00	15 Minute	
	11	4A								
	84	84								
Professional Services	39	71	4W	Speech Therapy (Laryngeal function)	92520				15 Minute	
	11	4A								

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	84	84		studies)			\$21.00		
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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
Professional Services (Speech Therapy) continued										
Professional Services	39	71	4W	Speech Therapy (Oral function therapy)	92526			\$21.00	15 Minute	
	11	4A								
	84	84								
Professional Services	39	71	4W	Speech Therapy (Evaluation for non- speech device RX)	92605			\$21.00	15 Minute	
	11	4A								
	84	84								
Professional Services	39	71	4W	Speech Therapy (Non- speech device service)	92606			\$21.00	15 Minute	
	11	4A								
	84	84								
Professional Services	39	71	4W	Speech Therapy (Ex for speech device RX)	92607			\$21.00	15 Minute	
	11	4A								
	84	84								
Professional Services	39	71	4W	Speech Therapy (Evaluate swallowing function)	92610			\$21.00	15 Minute	
	11	4A								
	84	84								
Professional Services	39	71	4W	Speech Therapy (Therapeutic activities)	97530	GN		\$2.00	15 Minute	
	11	4A								
	84	84								
Professional Services	39	71	4W	Speech Therapy (Cognitive skills development)	97129	GN		\$21.00	15 Minute	
	11	4A								
	84	84								
Professional Services (Occupational Therapy)										
Professional Services	37	74	4W	Occupational Therapy (OT Evaluation low complex 30 min)	97165			\$44.40	30 min	
	11	4A								
	84	84								
Professional Services	37	74	4W	Occupational Therapy (OT Evaluation mod complex 45min)	97166			\$66.60	45 min	
	11	4A								
	84	84								
Professional Services	37	74	4W	Occupational Therapy (OT Evaluation high complex 60 min)	97167			\$88.80	60 min	
	11	4A								
	84	84								
Professional Services	37	74	4W	Occupational Therapy (OT re-evaluation est plan of care)	97168			\$23.00	15 Minute	
	11	4A								
	84	84								
Professional Services	37	74	4W	Occupational Therapy (Application of hot or cold packs)	97010	GO		\$23.00	15 Minute	
	11	4A								
	84	84								
Professional Services	37	74		Occupational Therapy (Application of Traction.					15 Minute	
	11	4A								

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	84	84	4W	(Mechanical)	97012	GO		\$23.00		
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<u>HIPAA CODE NAME</u>	<u>PROVIDER TYPE</u>	<u>PROVIDER SPEC</u>	<u>PROVIDER SUB-SPECIALTY</u>	<u>SERVICE DESCRIPTION</u>	<u>PROCEDURE CODE</u>	<u>MODIFIER 1</u>	<u>MODIFIER 2</u>	<u>RATE</u>	<u>STANDARD UNIT OF SERVICE</u>	<u>SERVICE LIMITS</u>
Professional Services (Occupational Therapy) continued										
Professional Services	37	74	4W	Occupational Therapy (Application of electrical stimulation/ unattended)	97014	GO		\$23.00	15 Minute	
	11	4A								
	84	84								
Professional Services	37	74	4W	Occupational Therapy (Application of paraffin bath)	97018	GO		\$23.00	15 Minute	
	11	4A								
	84	84								
Professional Services	37	74	4W	Occupational Therapy (Application of whirlpool)	97022	GO		\$23.00	15 Minute	
	11	4A								
	84	84								
Professional Services	37	74	4W	Occupational Therapy (Application of electrical stimulation/ manual)	97032	GO		\$23.00	15 Minute	
	11	4A								
	84	84								
Professional Services	37	74	4W	Occupational Therapy (Application of iontophoresis)	97033	GO		\$23.00	15 Minute	
	11	4A								
	84	84								
Professional Services	37	74	4W	Occupational Therapy (Application of ultrasound)	97035	GO		\$23.00	15 Minute	
	11	4A								
	84	84								
Professional Services	37	74	4W	Occupational Therapy (OT Therapeutic Procedure)	97110	GO		\$23.00	15 Minute	
	11	4A								
	84	84								
Professional Services	37	74	4W	Occupational Therapy (Massage therapy)	97124	GO		\$23.00	15 Minute	
	11	4A								
	84	84								
Professional Services	37	74	4W	Occupational Therapy (Manual therapy)	97140	GO		\$23.00	15 Minute	
	11	4A								
	84	84								
Professional Services	37	74	4W	Occupational Therapy (Therapeutic activities)	97530	GO		\$23.00	15 Minute	
	11	4A								
	84	84								
Professional Services	37	74	4W	Occupational Therapy (Cognitive skills development)	97129	GO		\$23.00	15 Minute	
	11	4A								
	84	84								
Professional Services	37	74	4W	Occupational Therapy (Wheelchair management)	97542	GO		\$23.00	15 Minute	
	11	4A								
	84	84								

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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
Professional Services (Physical Therapy)										
Professional Services	35	65	4W	Physical Therapy (PT Evaluation low complex 20 min)	97161			\$29.60	20 Minute	
	11	4A								
	84	84								
Professional Services	35	65	4W	Physical Therapy (PT Evaluation mod complex 30 min)	97162			\$44.40	30 Minute	
	11	4A								
	84	84								
Professional Services	35	65	4W	Physical Therapy (PT Evaluation high complex 45 min)	97163			\$66.60	45 Minute	
	11	4A								
	84	84								
Professional Services	35	65	4W	Physical Therapy (PT re-evaluation est plan of care)	97164			\$23.00	15 Minute	
	11	4A								
	84	84								
Professional Services	35	65	4W	Physical Therapy (Application of hot or cold packs)	97010	GP		\$23.00	15 Minute	
	11	4A								
	84	84								
Professional Services	35	65	4W	Physical Therapy (Application of traction, mechanical)	97012	GP		\$23.00	15 Minute	
	11	4A								
	84	84								
Professional Services	35	65	4W	Physical Therapy (Application of electrical stimulation/ unattended)	97014	GP		\$23.00	15 Minute	
	11	4A								
	84	84								
Professional Services	35	65	4W	Physical Therapy (Application of paraffin bath)	97018	GP		\$23.00	15 Minute	
	11	4A								
	84	84								
Professional Services	35	65	4W	Physical Therapy (Application of whirlpool)	97022	GP		\$23.00	15 Minute	
	11	4A								
	84	84								
Professional Services	35	65	4W	Physical Therapy (Application of electrical stimulation/ manual)	97032	GP		\$23.00	15 Minute	
	11	4A								
	84	84								
Professional Services	35	65	4W	Physical Therapy (Application of iontophoresis)	97033	GP		\$23.00	15 Minute	
	11	4A								
	84	84								
Professional Services	35	65	4W	Physical Therapy (Application of ultrasound)	97035	GP		\$23.00	15 Minute	
	11	4A								
	84	84								
	35	65							15 Minute	
	11	4A								

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Professional Services	84	84	4W	Physical Therapy (Therapeutic Procedure)	97110	GP		\$23.00		
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<u>HIPAA CODE NAME</u>	<u>PROVIDER TYPE</u>	<u>PROVIDER SPEC</u>	<u>PROVIDER SUB- SPECIALTY</u>	<u>SERVICE DESCRIPTION</u>	<u>PROCEDURE CODE</u>	<u>MODIFIER 1</u>	<u>MODIFIER 2</u>	<u>RATE</u>	<u>STANDARD UNIT OF SERVICE</u>	<u>SERVICE LIMITS</u>
<u>Professional Services (Physical Therapy) continued</u>										
<u>Professional Services</u>	<u>35</u>	<u>65</u>	<u>4W</u>	<u>Physical Therapy (neuromuscular re- education)</u>	<u>97112</u>			<u>\$23.00</u>	<u>15 Minute</u>	
	<u>11</u>	<u>4A</u>								
	<u>84</u>	<u>84</u>								
<u>Professional Services</u>	<u>35</u>	<u>65</u>	<u>4W</u>	<u>Physical Therapy (Gait training)</u>	<u>97116</u>			<u>\$23.00</u>	<u>15 Minute</u>	
	<u>11</u>	<u>4A</u>								
	<u>84</u>	<u>84</u>								
<u>Professional Services</u>	<u>35</u>	<u>65</u>	<u>4W</u>	<u>Physical Therapy (Massage therapy)</u>	<u>97124</u>	<u>GP</u>		<u>\$23.00</u>	<u>15 Minute</u>	
	<u>11</u>	<u>4A</u>								
	<u>84</u>	<u>84</u>								
<u>Professional Services</u>	<u>35</u>	<u>65</u>	<u>4W</u>	<u>Physical Therapy (Manual therapy)</u>	<u>97140</u>	<u>GP</u>		<u>\$23.00</u>	<u>15 Minute</u>	
	<u>11</u>	<u>4A</u>								
	<u>84</u>	<u>84</u>								
<u>Professional Services</u>	<u>35</u>	<u>65</u>	<u>4W</u>	<u>Physical Therapy (Therapeutic activities)</u>	<u>97530</u>	<u>GP</u>		<u>\$23.00</u>	<u>15 Minute</u>	
	<u>11</u>	<u>4A</u>								
	<u>84</u>	<u>84</u>								
<u>Professional Services</u>	<u>35</u>	<u>65</u>	<u>4W</u>	<u>Physical Therapy (Wheelchair Management)</u>	<u>97542</u>	<u>GP</u>		<u>\$23.00</u>	<u>15 Minute</u>	
	<u>11</u>	<u>4A</u>								
	<u>84</u>	<u>84</u>								
<u>Professional Services (Social Work)</u>										
<u>Professional Services</u>	<u>73</u>	<u>73</u>	<u>4W</u>	<u>Social Worker (Family psychotherapy)</u>	<u>90847</u>	<u>AJ</u>		<u>\$18.00</u>	<u>15 Minute</u>	
	<u>11</u>	<u>4A</u>								
	<u>84</u>	<u>84</u>								
<u>Professional Services</u>	<u>73</u>	<u>73</u>	<u>4W</u>	<u>Social Worker (Group psychotherapy)</u>	<u>90853</u>	<u>AJ</u>		<u>\$18.00</u>	<u>15 Minute</u>	
	<u>11</u>	<u>4A</u>								
	<u>84</u>	<u>84</u>								
<u>Professional Services</u>	<u>73</u>	<u>73</u>	<u>4W</u>	<u>Social Worker (Self-care Management Training)</u>	<u>97535</u>	<u>AJ</u>		<u>\$18.00</u>	<u>15 Minute</u>	
	<u>11</u>	<u>4A</u>								
	<u>84</u>	<u>84</u>								
<u>Professional Services</u>	<u>73</u>	<u>73</u>	<u>4W</u>	<u>Social Worker (Community/ Work Reintegration)</u>	<u>97537</u>	<u>AJ</u>		<u>\$18.00</u>	<u>15 Minute</u>	
	<u>11</u>	<u>4A</u>								
	<u>84</u>	<u>84</u>								
<u>Professional Services</u>	<u>73</u>	<u>73</u>	<u>4W</u>	<u>Social Worker (Home visit assistance w/ADL's and personal care)</u>	<u>99509</u>	<u>AJ</u>		<u>\$18.00</u>	<u>15 Minute</u>	
	<u>11</u>	<u>4A</u>								
	<u>84</u>	<u>84</u>								

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<u>HIPAA CODE NAME</u>	<u>PROVIDER TYPE</u>	<u>PROVIDER SPEC</u>	<u>PROVIDER SUB- SPECIALTY</u>	<u>SERVICE DESCRIPTION</u>	<u>PROCEDURE CODE</u>	<u>MODIFIER 1</u>	<u>MODIFIER 2</u>	<u>RATE</u>	<u>STANDARD UNIT OF SERVICE</u>	<u>SERVICE LIMITS</u>
<u>Professional Services (Social Work) continued</u>										
<u>Professional Services</u>	<u>73</u>	<u>73</u>	<u>4W</u>	<u>Social Worker</u> <u>(Home Visit, Sing/M/Fam</u> <u>Counseling)</u>	<u>99510</u>	<u>AJ</u>		<u>\$18.00</u>	<u>15 Minute</u>	
	<u>11</u>	<u>4A</u>								
	<u>84</u>	<u>84</u>								
<u>Professional Services</u>	<u>73</u>	<u>73</u>	<u>4W</u>	<u>Social Worker (Unlisted</u> <u>Home Visit Service or</u> <u>Procedure)</u>	<u>99600</u>	<u>AJ</u>		<u>\$18.00</u>	<u>15 Minute</u>	
	<u>11</u>	<u>4A</u>								
	<u>84</u>	<u>84</u>								
<u>Professional Services</u>	<u>73</u>	<u>73</u>	<u>4W</u>	<u>Social Worker</u> <u>(HHCP-SVS of CSW)</u>	<u>G0155</u>			<u>\$18.00</u>	<u>15 Minute</u>	
	<u>11</u>	<u>4A</u>								
	<u>84</u>	<u>84</u>								
<u>Professional Services</u>	<u>73</u>	<u>73</u>	<u>4W</u>	<u>Social Worker (Assertive</u> <u>Community treatment</u> <u>face to face)</u>	<u>H0039</u>	<u>AJ</u>		<u>\$18.00</u>	<u>15 Minute</u>	
	<u>11</u>	<u>4A</u>								
	<u>84</u>	<u>84</u>								
<u>Professional Services</u>	<u>73</u>	<u>73</u>	<u>4W</u>	<u>Social Worker</u> <u>(Mental Health Services,</u> <u>NOS)</u>	<u>H0046</u>	<u>AJ</u>		<u>\$18.00</u>	<u>15 Minute</u>	
	<u>11</u>	<u>4A</u>								
	<u>84</u>	<u>84</u>								
<u>Professional Services</u>	<u>73</u>	<u>73</u>	<u>4W</u>	<u>Social Worker</u> <u>(Crisis Intervention)</u>	<u>H2011</u>	<u>AJ</u>		<u>\$18.00</u>	<u>15 Minute</u>	
	<u>11</u>	<u>4A</u>								
	<u>84</u>	<u>84</u>								
<u>Professional Services</u>	<u>73</u>	<u>73</u>	<u>4W</u>	<u>Social Worker (Skilled</u> <u>Training and</u> <u>Development)</u>	<u>H2014</u>	<u>AJ</u>		<u>\$18.00</u>	<u>15 Minute</u>	
	<u>11</u>	<u>4A</u>								
	<u>84</u>	<u>84</u>								
<u>Professional Services</u>	<u>73</u>	<u>73</u>	<u>4W</u>	<u>Social Worker</u> <u>(Psychosocial Rehab</u> <u>Services)</u>	<u>H2017</u>	<u>AJ</u>		<u>\$18.00</u>	<u>15 Minute</u>	
	<u>11</u>	<u>4A</u>								
	<u>84</u>	<u>84</u>								
<u>Professional Services</u>	<u>73</u>	<u>73</u>	<u>4W</u>	<u>Social Worker</u> <u>(Therapeutic Behavior</u> <u>Service)</u>	<u>H2019</u>	<u>AJ</u>		<u>\$18.00</u>	<u>15 Minute</u>	
	<u>11</u>	<u>4A</u>								
	<u>84</u>	<u>84</u>								
<u>Professional Services</u>	<u>73</u>	<u>73</u>	<u>4W</u>	<u>Social Worker</u> <u>(Community-based Wrap</u> <u>Around)</u>	<u>H2021</u>	<u>AJ</u>		<u>\$18.00</u>	<u>15 Minute</u>	
	<u>11</u>	<u>4A</u>								
	<u>84</u>	<u>84</u>								
<u>Professional Services (Psychology)</u>										
<u>Professional Services</u>	<u>31</u>	<u>62,</u> <u>95,96</u>	<u>4W</u>	<u>Psychologist</u> <u>(Interactive Psychological</u> <u>Diagnostic Interview)</u>	<u>90791</u>			<u>\$31.25</u>	<u>15 Minute</u>	
	<u>11</u>	<u>4A</u>								
	<u>84</u>	<u>84</u>								

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Professional Services (Psychology) continued										
Professional Services	31	62, 95, 96	4W	Psychologist (Individual Psychotherapy)	90832			\$31.25	15 Minute	
	11	4A								
	84	84								
Professional Services	31	62, 95, 96	4W	Psychologist (Family therapy without patient present)	90846			\$31.25	15 Minute	
	11	4A								
	84	84								
Professional Services	31	62, 95, 96	4W	Psychologist (Special Family Therapy w/ patient)	90847	AH		\$31.25	15 Minute	
	11	4A								
	84	84								
Professional Services	31	62, 95, 96	4W	Psychologist (Group Psychotherapy)	90853	AH		\$31.25	15 Minute	
	11	4A								
	84	84								
Professional Services	31	62, 95, 96	4W	Psychologist (Pharmacologic Management)	90863			\$31.25	15 Minute	
	11	4A								
	84	84								
Professional Services	31	62, 95, 96	4W	Psychologist (Psychological Testing by Psychologist)	96130			\$31.25	15 Minute	
	11	4A								
	84	84								
Professional Services	31	62, 95, 96	4W	Psychologist (Psychological Testing by Tech)	96138			\$31.25	15 Minute	
	11	4A								
	84	84								
Professional Services	31	62, 95, 96	4W	Psychologist (Neuropsychological testing)	96132			\$31.25	15 Minute	
	11	4A								
	84	84								

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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
Professional Services (Psychology) continued										
Professional Services	31	62, 95,96	4W	Psychologist (Self-care Management Training)	97535	AH		\$31.25	15 Minute	
	11	4A								
	84	84								
Professional Services	31	62, 95,96	4W	Psychologist (Community/ Work Reintegration)	97537	AH		\$31.25	15 Minute	
	11	4A								
	84	84								
Professional Services	31	62, 95,96	4W	Psychologist (Home visit for Assistance with ADL's and Personal Care)	99509	AH		\$31.25	15 Minute	
	11	4A								
	84	84								
Professional Services	31	62, 95,96	4W	Psychologist (Home Visit, Sing/M/Fam Counseling)	99510	AH		\$31.25	15 Minute	
	11	4A								
	84	84								
Professional Services	31	62, 95,96	4W	Psychologist (Unlisted Home Visit Service or Procedure)	99600	AH		\$31.25	15 Minute	
	11	4A								
	84	84								
Professional Services	31	62, 95,96	4W	Psychologist (Assertive Community Treatment Face to Face)	H0039	AH		\$31.25	15 Minute	
	11	4A								
	84	84								
Professional Services	31	62, 95,96	4W	Psychologist (Mental Health Services, NOS)	H0046	AH		\$31.25	15 Minute	
	11	4A								
	84	84								
Professional Services	31	62, 95,96	4W	Psychologist (Crisis Intervention)	H2011	AH		\$31.25	15 Minute	
	11	4A								
	84	84								
Professional Services	31	62, 95,96	4W	Psychologist (Psychosocial Rehab Services)	H2017	AH		\$31.25	15 Minute	
	11	4A								
	84	84								
Professional Services	31	62, 95,96	4W	Psychologist (Therapeutic Behavior Service)	H2019	AH		\$31.25	15 Minute	
	11	4A								
	84	84								
Professional Services	31	62, 95,96	4W	Psychologist (Community-based Wrap Around)	H2021	AH			15 Minute	
	11	4A								

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	84	84					\$31.25		
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<u>HIPAA CODE NAME</u>	<u>PROVIDER TYPE</u>	<u>PROVIDER SPEC</u>	<u>PROVIDER SUB-SPECIALTY</u>	<u>SERVICE DESCRIPTION</u>	<u>PROCEDURE CODE</u>	<u>MODIFIER 1</u>	<u>MODIFIER 2</u>	<u>RATE</u>	<u>STANDARD UNIT OF SERVICE</u>	<u>SERVICE LIMITS</u>
<u>Permanent Supportive Housing</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 Minute</u>	<u>72</u>
<u>Permanent Supportive Housing</u>	<u>AW</u>	<u>3W</u>		<u>Housing Stabilization Transition</u>	<u>G9012</u>	<u>U8</u>		<u>\$15.11</u>	<u>15 Minute</u>	<u>93</u>
<u>Adult Day Health Care (ADHC)</u>										
<u>Medical Rehabilitation Day Program</u>	<u>85</u>	<u>76</u>	<u>4W</u>	<u>Adult Day Health Care Center Based Service (ADHC)</u>	<u>S5100</u>			<u>\$2.78</u> <u>Rate includes provider specific transportation rate</u>	<u>15 Minute</u>	<u>Max 40 unit per day</u>
<u>Monitored In-Home Care Giving (MIHC)</u>										
<u>Monitored In-Home Care Giving</u>	<u>MI</u>	<u>9M</u>		<u>Waiver Service - not otherwise specified Level 1</u>	<u>T2033</u>			<u>\$90.03</u>	<u>Per Diem</u>	
<u>Monitored In-Home Care Giving</u>	<u>MI</u>	<u>9M</u>		<u>Waiver Service - not otherwise specified Level 2</u>	<u>T2033</u>	<u>TG</u>		<u>\$135.04</u>	<u>Per Diem</u>	
<u>Monitored In-Home Care Giving</u>	<u>MI</u>	<u>9M</u>		<u>Assessment</u>	<u>T1028</u>	<u>TU</u>		<u>\$250.00</u>	<u>One Time</u>	
<u>Self -Direction</u>										
<u>Financial Management Services (FMS) Monthly Administrative Fee</u>	<u>01</u>	<u>4K</u>		<u>Financial Management Services</u>	<u>W7319</u>			<u>\$105.88</u>	<u>Monthly</u>	<u>12</u>
<u>Attendant Care Services</u>	<u>01</u>	<u>4K</u>		<u>Community Living Supports – 1 Person</u>	<u>S5125</u>			<u>NTE \$4.63</u>	<u>15 Minute</u>	
<u>Attendant Care Services</u>	<u>01</u>	<u>4K</u>		<u>Community Living Supports – 2 Persons</u>	<u>S5125</u>	<u>UN</u>		<u>NTE \$3.31</u>	<u>15 Minute</u>	
<u>Attendant Care Services</u>	<u>01</u>	<u>4K</u>		<u>Community Living Supports – 3 persons</u>	<u>S5125</u>	<u>UP</u>		<u>NTE \$2.71</u>	<u>15 Minute</u>	

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

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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	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS
Support Coordination										
Case Management	45	81	4W	Support Coordination	T1016			\$176.79	1 flat monthly	12 annually
Transition Funding										
Community Transition Waiver	2	4A		One time transition service	T2038			\$3000		Life time maximum limit
Community Living Supports (Residential)										
Attendant Care Services	82	82	4W	Community Living Supports—1 Person	S5125			\$4.63	15 min	
Attendant Care Services	82	82	4W	Community Living Supports—2 Persons	S5125	UN		\$3.31	15 min	
Attendant Care Services	82	82	4W	Community Living Supports—3 persons	S5125	UP		\$2.71	15 min	
Host Home Services-Children under 18 (Residential)										
Foster Care	84	84	4W	Host Home Level 1	S5140	HA		\$52.95	Per diem	
Foster Care	84	84	4W	Host Home Level 2	S5140	TF	HA	\$57.05	Per diem	
Foster Care	84	84	4W	Host Home Level 3	S5140	TG	HA	\$64.11	Per diem	
Foster Care	84	84	4W	Host Home Level 4	S5140	U2	HA	\$68.95	Per diem	

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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
Host Home Services-Adults 18 and over (Residential)										
Foster-Care-Adult	84	84	4W	Host Home Level 1	S5140			\$52.67	Per-diem	
Foster-Care-Adult	84	84	4W	Host Home Level 2	S5140	TF		\$57.05	Per-diem	
Foster-Care-Adult	84	84	4W	Host Home Level 3	S5140	TG		\$64.11	Per-diem	
Foster-Care-Adult	84	84	4W	Host Home Level 4	S5140	U2		\$69.32	Per-diem	
Companion Care Services (Residential)										
Companion-Care, Adult	82	82	4W	Companion Care	S5136			\$92.02	Per-diem	
Shared Living Services-New (Up to 3 people) Provider Leased or Owned Residence (Residential)										
Habilitation-Residential	41	4A	4G	Shared Living Level 1	T2016			\$82.33	Per-diem	
Habilitation-Residential	41	4A	4G	Shared Living Level 2	T2016	TF	HQ	\$90.81	Per-diem	
Habilitation-Residential	41	4A	4G	Shared Living Level 3	T2016	TG	HQ	\$104.08	Per-diem	
Habilitation-Residential	41	4A	4G	Shared Living Level 4	T2016	U2	HQ	\$123.09	Per-diem	
Shared Living-New (Up to 3 people) Participant Leased or Owned Residence (Residential)										
Habilitation-Residential	41	4A	4L	Shared Living Level 1	T2016	HQ		\$82.33	Per-diem	
Habilitation-Residential	41	4A	4L	Shared Living Level 2	T2016	TF	HQ	\$90.81	Per-diem	

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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
Shared Living-New (Up to 3 people)										
Participant Leased or Owned Residence (Residential) continued										
Habilitation- Residential	41	4A	4L	Shared Living—Level 3	T2016	TG	HQ	\$104.08	Per-diem	
Habilitation- Residential	41	4A	4L	Shared Living—Level 4	T2016	U2	HQ	\$123.09	Per-diem	
Shared Living-Conversion/Provider Leased or Owned Residence (Residential)										
Residential- Care, (NOS), Waiver	41	4A	4J	Shared Living—Level 1— Up to 4 people	T2033	UQ		\$61.81	Per-diem	
Residential- Care, (NOS), Waiver	41	4A	4J	Shared Living—Level 2— Up to 4 people	T2033	TF	UQ	\$70.09	Per-diem	
Residential- Care, (NOS), Waiver	41	4A	4J	Shared Living—Level 3— Up to 4 people	T2033	TG	UQ	\$84.86	Per-diem	
Residential- Care, (NOS), Waiver	41	4A	4J	Shared Living—Level 4— Up to 4 people	T2033	U2	UQ	\$111.26	Per-diem	
Shared Living-Conversion/Participant Leased or Owned Residence (Residential)										
Residential- Care, (NOS), Waiver	41	4A	4H	Shared Living—Level 1— Up to 4 people	T2033	UQ		\$61.81	Per-diem	
Residential- Care, (NOS), Waiver	41	4A	4H	Shared Living—Level 2— Up to 4 people	T2033	TF	UQ	\$70.09	Per-diem	
Residential- Care, (NOS), Waiver	41	4A	4H	Shared Living—Level 3— Up to 4 people	T2033	TG	UQ	\$84.86	Per-diem	
Residential- Care, (NOS), Waiver	41	4A	4H	Shared Living—Level 4— Up to 4 people	T2033	U2	UQ	\$111.26	Per-diem	

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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
Respite Services										
Respite Care Services	83	83		Respite Care Services— Out of Home	T1005	HQ		\$3.50	15 min	720 hours
Personal Emergency Response System										
Personal-Emergency-Response-System	16	90		Installation	S5160			\$30.00	Installation	
Personal-Emergency-Response-System	16	90		Monthly Service Fee	S5161			\$27.00	Monthly	
Transportation (Residential Services)										
Transportation-Local Trip	42	4X	4W	Transportation Regular— (Comm Access)	T2001	U1		\$5.58	One-way	730
Transportation-Local Trip— (W/C)	42	4X	4W	Transportation Wheel chair— (Comm Access)	A0090			\$9.32	One-way	730
Adaptation/Accessibility Services										
Assistive-Technology-/Specialized-Medical-Equipment	17	91		Assistive Technology Specialized Medical Equip. and Supplies	T2029				Per-Item/Service	
Specialized-Medical-Equipment, Not otherwise specified (NOS)	17	91		Repairs Specialized-Medical Equipment and Assistive Technology	T2029	RB			Per-Item/Repair	
Environmental-Modifications	15	80		Environmental-Accessibility Adaptations	S5165				Per-Service	
Remote Supports	17	91		Mobile Emergency response system Purchase	S5162				One Time	
Remote Supports	17	91		Mobile Emergency-Response System Purchase	S5162	XU		\$50.00	Monthly	

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Remote Supports	17	91		Assistive Technology Supports Consultation	T2035			\$200	One time per POC Year	Cannot be provided in same POC year as T1028
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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
Adaptation/Accessibility Services										
Remote-Supports	17	91		Home-environment-assessment	T1028			\$450.00	One-Time	Cannot be provided in same POC year as T2035
Remote-Supports	17	91		Med-reminder-serv-per-month	S5185			\$75.00	Monthly	
Remote-Supports	17	91		Monitoring-feature/device-noe	A9279				One-Time	
Remote-Supports	17	91		Monitoring-feature/device-noe-interactive-audio-and-video	A9279	-GT			One-Time	
Remote-Supports	17	91		Alert-device-noe	A9280				One-Time	
Incontinence-Supplies	17	91		Adult-size-brief/diaper-sm	T4521			\$0.50		
Incontinence-Supplies	17	91		Adult-size-brief/diaper-med	T4522			\$0.60		
Incontinence-Supplies	17	91		Adult-size-brief/diaper-lg	T4523			\$0.87		
Incontinence-Supplies	17	91		Adult-size-brief/diaper-xl	T4524			\$0.87		
Incontinence-Supplies	17	91		Adult-size-pull-on-sm	T4525			\$0.85		
Incontinence-Supplies	17	91		Adult-size-pull-on-med	T4526			\$0.85		
Incontinence-Supplies	17	91		Adult-size-pull-on-lg	T4527			\$0.94		

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Incontinence-Supplies	17	91		Adult size pull-on xl	T4528			\$1.17		
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
Adaptation/Accessibility Services										
Incontinence-Supplies	17	91		Disposable liner/shield/pad	T4535			\$0.46		
Incontinence-Supplies	17	91		Large disposable underpad	T4541			\$0.46		
Incontinence-Supplies	17	91		Small disposable underpad	T4542			\$0.46		
Incontinence-Supplies	17	91		Adult disp brief/diap-abv xl	T4543			\$2.49		
Incontinence-Supplies	17	91		Adlt disp und/pull-on-abv xl	T4544			\$2.49		
Incontinence-Supplies	17	91		Incon disposable penile wrap	T4545			\$1.25		
Incontinence-Supplies	17	91		Reusable pull-on any-size	T4536			\$0.76		
Incontinence-Supplies	17	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 Employment Services										
Supported-Employment	98	98		Group Employment	H2025			\$2.76	15 Min	32 Units per Day

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

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Day-Habilitation	14	50		Virtual Delivery of Day-Habilitation- 1:5-8 ratio	T2021	GT		\$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		\$4.75	15 Min	32 Units-per Day-shared among all T2021 codes
Day-Habilitation	14	50		Community Life Engagement in a Ratio of 1: 2-4 ratio	T2021	UQ		\$4.00	15 Min	32 Units-per Day-shared among all T2021 codes
Non-Emergency-Transportation	14	50		Regular Transportation for Day Habilitation	T2002			\$20.00	Per Day	
Day-Habilitation	14	50		Community Life Engagement Development (1:1 ratio)	T2025	U1		\$7.00	15 minute	240 shared among all T2025 codes
Day-Habilitation	14	50		Community Life Engagement Development (1:2 ratio)	T2025	UN		\$4.00	15 minute	240 shared among all T2025 codes
Day-Habilitation	14	50		Community Life Engagement Development (1:3 ratio)	T2025	UP		\$3.00	15 minute	240 shared among all T2025 codes

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
Nursing Services										
In-Home Nursing Care by-LPN	44	87	4W	LPN-Intermittent-Services (1-person)	G0300				Per visit	
	44	4A						\$71.44		
Services of-Skilled Nurse In-Home Health Setting	44	87	4W	LPN-Intermittent-Services (up to 4 persons)	G0300	TT		\$35.70	Per visit	
	44	4A								
In-Home-Nursing Care by-LPN	44	87	4W	LPN-Extended Services (1-person)	S9124			\$41.60	Per hour	
	44	4A								
In-Home-Nursing Care by-LPN	44	87	4W	LPN-Extended Services (up to 2 persons)	S9124	TT		\$20.80	Per Hour	
	44	4A								
RN-Intermittent	44	87		Nursing-RN						

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Services	44	4A	4W	(1 person)	G0299			\$89.51	Per visit	
RN-Extended Services	44	87	4W	Nursing RN (up to 2 persons)	S9123	TT		\$21.10	Per hour	
	44	4A								
RN-Extended Services	44	87	4W	Nursing RN (1 person)	S9123			\$44.20	Per hour	
	44	4A								
RN-Intermittent Services	44	87	4W	Nursing RN (up to 4 persons)	G0299	TT		\$44.62	Per visit	
	44	4A								

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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
Professional Services (Registered Dietician)										
Professional Services	41,11, 84	4R	4W	Registered Dietician (Individual)	97802			\$9.00	15-min	
Professional Services	41,11, 84	4R	4W	Registered Dietician (Individual, Subsequent)	97803			\$9.00	15-min	
Professional Services	41,11, 84	4R	4W	Registered Dietician (Group)	97804			\$9.00	15-min	
Professional Services (Speech Therapy)										
Professional Services	39	71	4W	Speech Therapy— Evaluation of Speech Fluency (e.g., stuttering, cluttering)	92521			\$21.00	15-min	
	11	4A								
	84	84								
Professional Services	39	71	4W	Speech Therapy— Evaluation of Speech sound production— (e.g., articulation, phonological process, apraxia, dysarthria)	92522			\$21.00	15-min	
	11	4A								
	84	84								
Professional Services	39	71	4W	Speech Therapy— Evaluation of Speech Sound Production (e.g., articulation, phonological process, apraxia, dysarthria)— with evaluation of language comprehension and expression (e.g., receptive and expressive language)	92523			\$21.00	15-min	
	11	4A								
	84	84								
Professional Services	39	71	4W	Speech Therapy— Behavioral and— Qualitative Analysis of Voice and Resonance	92524			\$21.00	15-min	
	11	4A								
	84	84								
Professional Services	39	71	4W	Speech Therapy (Speech Language Hearing Therapy)	92507			\$21.00	15-min	
	11	4A								
	84	84								
Professional Services	39	71	4W	Speech Therapy— (Laryngeal function studies)	92520			\$21.00	15-min	
	11	4A								
	84	84								

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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
Professional Services (Speech Therapy)-continued										
Professional- Services	39	71	4W	Speech Therapy (Oral function therapy)	92526			\$21.00	15 min	
	11	4A								
	84	84								
Professional- Services	39	71	4W	Speech Therapy- (Evaluation for non- speech device RX)	92605			\$21.00	15 min	
	11	4A								
	84	84								
Professional- Services	39	71	4W	Speech Therapy- (Non-speech device service)	92606			\$21.00	15 min	
	11	4A								
	84	84								
Professional- Services	39	71	4W	Speech Therapy (Ex for speech device- RX)	92607			\$21.00	15 min	
	11	4A								
	84	84								
Professional- Services	39	71	4W	Speech Therapy- (Evaluate swallowing function)	92610			\$21.00	15 min	
	11	4A								
	84	84								
Professional- Services	39	71	4W	Speech Therapy (Therapeutic activities)	97530	GN		\$2.00	15 min	
	11	4A								
	84	84								
Professional- Services	39	71	4W	Speech Therapy (Cognitive skills development)	97129	GN		\$21.00	15 min	
	11	4A								
	84	84								
Professional Services (Occupational Therapy)										
Professional- Services	37	74	4W	Occupational Therapy (OT-Evaluation low- complex 30 min)	97165			\$44.40	30 min	
	11	4A								
	84	84								
Professional- Services	37	74	4W	Occupational Therapy (OT-Evaluation mod- complex 45min)	97166			\$66.60	45 min	
	11	4A								
	84	84								
Professional- Services	37	74	4W	Occupational Therapy (OT-Evaluation high- complex 60 min)	97167			\$88.80	60 min	
	11	4A								
	84	84								
Professional- Services	37	74	4W	Occupational Therapy (OT-re-evaluation est- plan of care)	97168			\$23.00	15 min	
	11	4A								
	84	84								
Professional- Services	37	74	4W	Occupational Therapy (Application of hot or cold packs)	97010	GO		\$23.00	15 min	
	11	4A								
	84	84								
Professional- Services	37	74	4W	Occupational Therapy (Application of Traction- Mechanical)	97012	GO		\$23.00	15 min	
	11	4A								
	84	84								

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Professional Services (Occupational Therapy)-continued										
Professional-Services	37	74	4W	Occupational Therapy (Application of electrical stimulation/unattended)	97014	GO		\$23.00	15-min	
	11	4A								
	84	84								
Professional-Services	37	74	4W	Occupational Therapy (Application of paraffin bath)	97018	GO		\$23.00	15-min	
	11	4A								
	84	84								
Professional-Services	37	74	4W	Occupational Therapy (Application of whirlpool)	97022	GO		\$23.00	15-min	
	11	4A								
	84	84								
Professional-Services	37	74	4W	Occupational Therapy (Application of electrical stimulation/manual)	97032	GO		\$23.00	15-min	
	11	4A								
	84	84								
Professional-Services	37	74	4W	Occupational Therapy (Application of iontophoresis)	97033	GO		\$23.00	15-min	
	11	4A								
	84	84								
Professional-Services	37	74	4W	Occupational Therapy (Application of ultrasound)	97035	GO		\$23.00	15-min	
	11	4A								
	84	84								
Professional-Services	37	74	4W	Occupational Therapy (OT Therapeutic Procedure)	97110	GO		\$23.00	15-min	
	11	4A								
	84	84								
Professional-Services	37	74	4W	Occupational Therapy (Massage therapy)	97124	GO		\$23.00	15-min	
	11	4A								
	84	84								
Professional-Services	37	74	4W	Occupational Therapy (Manual therapy)	97140	GO		\$23.00	15-min	
	11	4A								
	84	84								
Professional-Services	37	74	4W	Occupational Therapy (Therapeutic activities)	97530	GO		\$23.00	15-min	
	11	4A								
	84	84								
Professional-Services	37	74	4W	Occupational Therapy (Cognitive skills development)	97129	GO		\$23.00	15-min	
	11	4A								
	84	84								
Professional-Services	37	74	4W	Occupational Therapy (Wheelchair management)	97542	GO		\$23.00	15-min	
	11	4A								
	84	84								

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Professional Services (Physical Therapy)										
Professional-Services	35	65	4W	Physical-Therapy (PT-Evaluation-low complex-20-min)	97161			\$29.60	20-min	
	11	4A								
	84	84								
Professional-Services	35	65	4W	Physical-Therapy (PT-Evaluation-mod complex-30-min)	97162			\$44.40	30-min	
	11	4A								
	84	84								
Professional-Services	35	65	4W	Physical-Therapy (PT-Evaluation-high complex-45-min)	97163			\$66.60	45-min	
	11	4A								
	84	84								
Professional-Services	35	65	4W	Physical-Therapy (PT-re-evaluation est plan of care)	97164			\$23.00	15-min	
	11	4A								
	84	84								
Professional-Services	35	65	4W	Physical-Therapy (Application of hot or cold packs)	97010	GP		\$23.00	15-min	
	11	4A								
	84	84								
Professional-Services	35	65	4W	Physical-Therapy (Application of traction, mechanical)	97012	GP		\$23.00	15-min	
	11	4A								
	84	84								
Professional-Services	35	65	4W	Physical-Therapy (Application of electrical stimulation-unattended)	97014	GP		\$23.00	15-min	
	11	4A								
	84	84								
Professional-Services	35	65	4W	Physical-Therapy (Application of paraffin bath)	97018	GP		\$23.00	15-min	
	11	4A								
	84	84								
Professional-Services	35	65	4W	Physical-Therapy (Application of whirlpool)	97022	GP		\$23.00	15-min	
	11	4A								
	84	84								
Professional-Services	35	65	4W	Physical-Therapy (Application of electrical stimulation-manual)	97032	GP		\$23.00	15-min	
	11	4A								
	84	84								
Professional-Services	35	65	4W	Physical-Therapy (Application of iontophoresis)	97033	GP		\$23.00	15-min	
	11	4A								
	84	84								
Professional-Services	35	65	4W	Physical-Therapy (Application of ultrasound)	97035	GP		\$23.00	15-min	
	11	4A								
	84	84								
Professional-Services	35	65	4W	Physical-Therapy (Therapeutic Procedure)	97110	GP		\$23.00	15-min	
	11	4A								
	84	84								

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Professional Services (Physical Therapy) continued										
Professional- Services	35	65	4W	Physical Therapy- (neuromuscular- re-education)	97112			\$23.00	15 min	
	11	4A								
	84	84								
Professional- Services	35	65	4W	Physical Therapy- (Gait training)	97116			\$23.00	15 min	
	11	4A								
	84	84								
Professional- Services	35	65	4W	Physical Therapy- (Massage therapy)	97124	GP		\$23.00	15 min	
	11	4A								
	84	84								
Professional- Services	35	65	4W	Physical Therapy- (Manual therapy)	97140	GP		\$23.00	15 min	
	11	4A								
	84	84								
Professional- Services	35	65	4W	Physical Therapy- (Therapeutic activities)	97530	GP		\$23.00	15 min	
	11	4A								
	84	84								
Professional- Services	35	65	4W	Physical Therapy- (Wheelchair- Management)	97542	GP		\$23.00	15 min	
	11	4A								
	84	84								
Professional Services (Social Work)										
Professional- Services	73	73	4W	Social Worker (Family psychotherapy)	90847	AJ		\$18.00	15 min	
	11	4A								
	84	84								
Professional- Services	73	73	4W	Social Worker (Group psychotherapy)	90853	AJ		\$18.00	15 min	
	11	4A								
	84	84								
Professional- Services	73	73	4W	Social Worker (Self-care Management- Training)	97535	AJ		\$18.00	15 min	
	11	4A								
	84	84								
Professional- Services	73	73	4W	Social Worker- (Community/ Work Reintegration)	97537	AJ		\$18.00	15 min	
	11	4A								
	84	84								
Professional- Services	73	73	4W	Social Worker- (Home visit assistance- w/ADL's and personal care)	99509	AJ		\$18.00	15 min	
	11	4A								
	84	84								

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Professional Services (Social Work) continued										
Professional- Services	73	73	4W	Social Worker (Home Visit, Sing/M/Fam Counseling)	99510	AJ		\$18.00	15 min	
	11	4A								
	84	84								
Professional- Services	73	73	4W	Social Worker (Unlisted Home Visit- Service or Procedure)	99600	AJ		\$18.00	15 min	
	11	4A								
	84	84								
Professional- Services	73	73	4W	Social Worker (HHCP SVS of CSW)	G0155			\$18.00	15 min	
	11	4A								
	84	84								
Professional- Services	73	73	4W	Social Worker (Assertive Community treatment face to face)	H0039	AJ		\$18.00	15 min	
	11	4A								
	84	84								
Professional- Services	73	73	4W	Social Worker (Mental Health Services, NOS)	H0046	AJ		\$18.00	15 min	
	11	4A								
	84	84								
Professional- Services	73	73	4W	Social Worker (Crisis Intervention)	H2011	AJ		\$18.00	15 min	
	11	4A								
	84	84								
Professional- Services	73	73	4W	Social Worker (Skilled Training and Development)	H2014			\$18.00	15 min	
	11	4A								
	84	84								
Professional- Services	73	73	4W	Social Worker (Psychosocial Rehab Services)	H2017	AJ		\$18.00	15 min	
	11	4A								
	84	84								
Professional- Services	73	73	4W	Social Worker (Therapeutic Behavior Service)	H2019	AJ		\$18.00	15 min	
	11	4A								
	84	84								
Professional- Services	73	73	4W	Social Worker (Community-based Wrap Around)	H2021	AJ		\$18.00	15 min	
	11	4A								
	84	84								
Professional Services (Psychology)										
Professional- Services	31	62, 95,96		Psychologist (Interactive- Psychological Diagnostic Interview)	90791			\$31.25	15 min	
	11	4A								
	84	84								

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Professional Services (Psychology) continued										
Professional- Services	31	62, 95,96	4W	Psychologist- (Individual- Psychotherapy)	90832			\$31.25	15-min	
	11	4A								
	84	84								
Professional- Services	31	62, 95,96	4W	Psychologist (Family therapy without patient present)	90846			\$31.25	15-min	
	11	4A								
	84	84								
Professional- Services	31	62, 95,96	4W	Psychologist (Special Family Therapy- w/ patient)	90847	AH		\$31.25	15-min	
	11	4A								
	84	84								
Professional- Services	31	62, 95,96	4W	Psychologist (Group Psychotherapy)	90853	AH		\$31.25	15-min	
	11	4A								
	84	84								
Professional- Services	31	62, 95,96	4W	Psychologist- (Pharmacologic Management)	90863			\$31.25	15-min	
	11	4A								
	84	84								
Professional- Services	31	62, 95,96	4W	Psychologist- (Psychological Testing by Psychologist)	96130			\$31.25	15-min	
	11	4A								
	84	84								
Professional- Services	31	62, 95,96	4W	Psychologist- (Psychological Testing by Tech)	96138			\$31.25	15-min	
	11	4A								
	84	84								
Professional- Services	31	62, 95,96	4W	Psychologist- (Neuropsychological testing)	96132			\$31.25	15-min	
	11	4A								
	84	84								

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Professional Services (Psychology) continued										
Professional-Services	31	62, 95, 96	4W	Psychologist (Self-care Management Training)	97535	AH		\$31.25	15-min	
	11	4A								
	84	84								
Professional-Services	31	62, 95, 96	4W	Psychologist (Community/Work Reintegration)	97537	AH		\$31.25	15-min	
	11	4A								
	84	84								
Professional-Services	31	62, 95, 96	4W	Psychologist (Home visit for Assistance with ADL's and Personal Care)	99509	AH		\$31.25	15-min	
	11	4A								
	84	84								
Professional-Services	31	62, 95, 96	4W	Psychologist (Home Visit, Sing/M/Fam Counseling)	99510	AH		\$31.25	15-min	
	11	4A								
	84	84								
Professional-Services	31	62, 95, 96	4W	Psychologist (Unlisted Home Visit Service or Procedure)	99600	AH		\$31.25	15-min	
	11	4A								
	84	84								
Professional-Services	31	62, 95, 96	4W	Psychologist (Assertive Community Treatment Face to Face)	H0039	AH		\$31.25	15-min	
	11	4A								
	84	84								
Professional-Services	31	62, 95, 96	4W	Psychologist (Mental Health Services, NOS)	H0046	AH		\$31.25	15-min	
	11	4A								
	84	84								
Professional-Services	31	62, 95, 96	4W	Psychologist (Crisis Intervention)	H2011	AH		\$31.25	15-min	
	11	4A								
	84	84								
Professional-Services	31	62, 95, 96	4W	Psychologist (Psychosocial Rehab Services)	H2017	AH		\$31.25	15-min	
	11	4A								
	84	84								
Professional-Services	31	62, 95, 96	4W	Psychologist (Therapeutic Behavior Service)	H2019	AH		\$31.25	15-min	
	11	4A								
	84	84								
Professional-Services	31	62, 95, 96	4W	Psychologist (Community-based Wrap Around)	H2021	AH		\$31.25	15-min	
	11	4A								
	84	84								

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Permanent Supportive Housing Supports										
Permanent— Supportive— Housing	AW			Housing Stabilization	G9012			\$15.11	15 Min.	72 units— annually
								\$60.44	1 Hour	
Permanent— Supportive— Housing	AW			Housing Stabilization— Transition	G9012	U8		\$15.11	15 Min.	93 units— annually
								\$60.44	1 Hour	
Adult Day Health Care (ADHC) Service										
Medical— Rehabilitation— Day Program	85	35	4W	Adult Day Health Care Center-Based Service— (ADHC)	S5100			\$2.78 Rate includes provider— specific— transportation rate	15 min	Max 40— unit per day
Monitored In-Home Care Giving										
Monitored In— Home Care Giving	MI	35		Waiver Service—not otherwise specified— Level 1	T2033			\$90.03	per— diem	
Monitored In— Home Care Giving	MI	35		Waiver Service—not otherwise specified— Level 2	T2033	TG		\$135.04	per— diem	
Monitored In— Home Care Giving	MI	35		Assessment	T1028	TU		\$250.00	one— time	
Financial Management Services										
Financial— Management Services— (FMS)— Monthly— Administrati ve Fee	01			Financial— Management Services	W7319			\$105.88	Monthly	