LOUISIANA MEDICAID PROGRAM

ISSUED: 05/22/14 REPLACED: 03/01/11

CHAPTER 32: NEW OPPORTUNITIES WAIVER

APPENDIX E – BILLING CODES

PAGE(S) 3

SERVICE PROCEDURE CODES/RATES 08/01/10

Provider Type	Proc. Code	Modifier	Waiver Service Description	HIPAA Service Description	Units/Limits
45	Z0637		Case Management (not a waiver service)		Monthly
45	Z0177		Case Management (not a waiver service)		Monthly
83	T1005	HQ	Center-Based Respite	Respite Care	15 minutes \$3.19/Not to Exceed 2,880 ¼ hour units per CPOC year (exceptions granted)
01 or 82	S5125	U1	Individual & Family Support (IFS) - Day	Attendant Care Services	15 minutes \$3.67
01 or 82	S5125	U1 and UN	IFS Shared Support, 2 persons – Day	Attendant Care Services	15 minutes \$2.72
01 or 82	S5125	U1 and UP	IFS Shared Support, 3 persons - Day	Attendant Care Services	15 minutes \$2.36
01 or 82	S5125	UJ	Individual & Family Support (IFS) - Night	Attendant Care Services	15 minutes \$2.17
01 or 82	S5125	UN and UJ	IFS Shared Support, 2 persons - Night	Attendant Care Services	15 minutes \$1.52
01 or 82	S5125	UP and UJ	IFS Shared Support, 3 persons - Night	Attendant Care Services	15 minutes \$1.29
89	S5136		Supervised Independent Living (SIL)	Companion Care	Day \$16.93
82 or 89	T2025		Community Integration & Development	Waiver Services	15 minutes \$3.31/NTE 240 ¼ hour units per CPOC year in combination with T2025 UN and T2025 UP
82 or 89	T2025	UN	Community Integration & Development, 2 persons	Waiver Services	15 minutes \$1.89/NTE 240 ¼ hour units per CPOC year in combination with T2025 and T2025 UP
82 or 89	T2025	UP	Community Integration & Development, 3 persons	Waiver Services	15 minutes \$1.42/NTE 240 ¼ hour units per CPOC year in combination with T2025 and T2025 UN
84	S5140		Substitute Family Care (SFC)	Foster Care, Adult	Day \$18.91
14	T2021		Day Habilitation	Day Habilitation	15 minutes \$1.66/Minimum of 16 ¼ hour units NTE maximum of 32 ¼ hour units per day and 8,320 ¼ hour units per CPOC year
14	T2003	HB, U6	Day Habilitation Non-Emergency Transportation	Non-Emergency Transportation	Day (one-way) \$5.67/NTE 2 one-way trips per day
14	A0130	HB, U6	Day Habilitation Non-Emergency Transportation - wheelchair	Non-Emergency Transportation - wheelchair	Day (one-way) \$9.46/NTE 2 one-way trips per day
44	T1002		RN Services	RN Services	15 minutes \$8.33
44	T1002	UN	RN Services, 2 persons	RN Services, 2 persons	15 minutes \$6.25

LOUISIANA MEDICAID PROGRAM

ISSUED: 05/22/14 REPLACED: 03/01/11

CHAPTER 32: NEW OPPORTUNITIES WAIVER

APPENDIX E – BILLING CODES

PAGE(S) 3

Provider Type	Proc. Code	Modifier	Waiver Service Description	HIPAA Service Description	Units/Limits
44	T1002	UP	RN Services, 3 persons	RN Services, 3 persons	15 minutes \$5.50
44	T1003		LPN/LVN Services	LPN/LVN Services	15 minutes \$7.84
44	T1003	UN	LPN/LVN Services, 2 persons	LPN/LVN Services	15 minutes \$5.88
44	T1003	UP	LPN/LVN Services, 3 persons	LPN/LVN Services	15 minutes \$5.17
44,82,89	H2017	U7	Professional Services - Psychologist	Psychosocial Rehabilitation Services	15 minutes \$29.55/NTE \$2,250 per CPOC year in combination with H2017 AJ and H2017 AE (exceptions granted)
44,82,89	H2017	AJ	Professional Services - Social Worker	Psychosocial Rehabilitation Services	15 minutes \$9.19/NTE \$2,250 per CPOC year in combination with H2017 U7 and H2017 AE (exceptions granted)
44,82,89	H2017	AE	Nutrition/Dietary Services	Psychosocial Rehabilitation Services	15 minutes \$8.82/NTE \$2,250 per CPOC year in combination with H2017 AJ and H2017 U7 (exceptions granted)
15	Z0616		Environmental Access. (Ramp)	Environmental Access. (Ramp)	\$7,000.00 per recipient; once the recipient reaches 90% or greater of the cap and the account has been dormant for 3 years, the recipient may access another \$7,000.00
15	Z0617		Environmental Access. (Lift)	Environmental Access. (Lift)	
15	Z0618		Environmental Access. (Bathroom)	Environmental Access. (Bathroom)	
15	Z0620		Environmental Access. (Other)	Environmental Access. (Other)	
17	Z0621		Medical Equip. & Supplies (lifts)	Medical Equip. & Supplies (lifts)	\$1,000.00 per recipient; once the recipient reaches 90% or greater of the cap and the account has been dormant for 3 years, the recipient may access another \$1,000
17	Z0622		Medical Equip. & Supplies (switches)	Medical Equip. & Supplies (switches)	
17	Z0623		Medical Equip. & Supplies (controls)	Medical Equip. & Supplies (controls)	
17	Z0624		Medical Equip. & Supplies (other)	Medical Equip. & Supplies (other)	
17	T2029	RP	Medical Equip. & Supplies (routine maintenance & repair)		
13	T2019		Employment Related Training	Habilitation, Supported Employment	15 minutes \$1.66/Minimum of 16 ¼ hour units NTE maximum of 32 ¼ hour units per day and 8,320 ¼ hour units per CPOC year.
98	H2023		Supported Employment – one on one	Supported Employment	15 minutes \$6.66/Not to Exceed 1,280 ¼ hour units per CPOC year
98	H2026		Supported Employment – follow along	Ongoing Support to Maintain Employment	Day \$49.18/Not to Exceed 24 days per CPOC year

LOUISIANA MEDICAID PROGRAM

ISSUED: 05/22/14 REPLACED: 03/01/11

CHAPTER 32: NEW OPPORTUNITIES WAIVER

APPENDIX E - BILLING CODES

PAGE(S) 3

Provider Type	Proc. Code	Modifier	Waiver Service Description	HIPAA Service Description	Units/Limits
98	H2025	TT	Supported Employment – mobile crew	Ongoing Support to Maintain Employment	15 minutes \$2.01/Not to Exceed 8,320 ¼ hour units per CPOC year
14	T2003	НВ	Supported Employment Non-Emergency Transportation	Non-Emergency Transportation	Day (one-way) \$5.67/Not to Exceed 2 one-way trips per day
14	A0130	НВ	Supported Employment Non-Emergency Transportation -wheelchair	Non-Emergency Transportation - wheelchair	Day (one-way) \$9.46/Not to Exceed 2 one-way trips per day
02	T2038		One Time Transitional Service	Community Transition, Waiver	Lifetime \$3,000.00
16	S5160		PERS (Install & Test)	PER (Install & Test)	Initial installation \$30.00
16	S5161		PERS (Maintenance)	PER (Maintenance)	Monthly \$27.00
32	Z0648	Z0648	Housing Stabilization	Permanent Supportive Housing	15 minutes - \$15.11 1 hour - \$60.44
32	Z0649	Z0649	Housing Stabilization Transition	Permanent Supportive Housing	15 minutes - \$15.11 1 hour - \$60.44.

NTE = Not to Exceed

Modifiers

Certain procedure codes will require a modifier (or modifiers) in order to distinguish services. The following modifiers are applicable to New Opportunities Waiver (NOW) providers:

AJ = Licensed Social Worker

HB = Adult Program, Transportation

HQ = Group Setting

TD = Registered Nurse (RN)

TE = Licensed Practical Nurse (LPN)

TT = Individual Service Provided to More than One Person

U1 = Day

U6 = Day Habilitation

U7 = Psychologist

UJ = Night

UN = 2 people

UP = 3 people