## LOUISIANA MEDICAID PROGRAM

ISSUED: 07/29/20 REPLACED: 05/27/20

## **CHAPTER 32: NEW OPPORTUNITIES WAIVER**

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### **SERVICE PROCEDURE CODES/RATES**

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 \$3.37/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 \$4.00
01 or 82	S5125	U1 and UN	IFS Shared Support, 2 persons – Day	Attendant Care Services	15 minutes \$2.88
01 or 82	S5125	U1 and UP	IFS Shared Support, 3 persons - Day	Attendant Care Services	15 minutes \$2.50
01 or 82	S5125	UJ	Individual & Family Support (IFS) - Night	Attendant Care Services	15 minutes \$2.75
01 or 82	S5125	UN and UJ	IFS Shared Support, 2 persons - Night	Attendant Care Services	15 minutes \$1.93
01 or 82	S5125	UP and UJ	IFS Shared Support, 3 persons - Night	Attendant Care Services	15 minutes \$1.65
89	T2016		Supported Independent Living (SIL)	Habilitation Residential	Day \$20.00
82 or 89	T2025		Community Integration & Development	Waiver Services	15 minutes \$3.50/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 \$2.00/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 \$1.50NTE 240 ¼ hour units per CPOC year in combination with T2025 and T2025 UN
84	S5140		Substitute Family Care (SFC)	Foster Care, Adult	Day \$20.00
14	T2021		Day Habilitation	Day Habilitation	15 minutes \$1.76/ 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) \$6.00/NTE 2 one-way trips per day, including SE transportation
14	A0130	HB, U6	Day Habilitation Non-Emergency Transportation - wheelchair	Non-Emergency Transportation - wheelchair	Day (one-way) \$10.00/NTE 2 one-way trips per day including SE transportation
44	T1002		RN Services	RN Services	15 minutes \$8.50
44	T1002	UN	RN Services, 2 persons	RN Services, 2 persons	15 minutes \$6.38

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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 \$5.61
44	T1003		LPN/LVN Services	LPN/LVN Services	15 minutes \$8.00
44	T1003	UN	LPN/LVN Services, 2 persons	LPN/LVN Services	15 minutes \$6.00
44	T1003	UP	LPN/LVN Services, 3 persons	LPN/LVN Services	15 minutes \$5.28
44,82,89	H2017	U7	Professional Services - Psychologist	Psychosocial Rehabilitation Services	15 minutes \$31.25/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 \$9.38/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 \$9.00 NTE \$2,250 per CPOC year in combination with H2017 AJ and H2017 U7 (exceptions granted)
15	Z0616		Environmental Access. (Ramp)	Environmental Access. (Ramp)	
15	Z0617		Environmental Access. (Lift)	Environmental Access. (Lift)	\$7,000.00 per recipient for a three year period.
15	Z0618		Environmental Access. (Bathroom)	Environmental Access. (Bathroom)	, which is a fine of the period.
15	Z0620		Environmental Access. (Other)	Environmental Access. (Other)	
17	Z0621		Medical Equip. & Supplies (lifts)	Medical Equip. & Supplies (lifts)	
17	Z0622		Medical Equip. & Supplies (switches)	Medical Equip. & Supplies (switches)	
17	Z0623		Medical Equip. & Supplies (controls)	Medical Equip. & Supplies (controls)	\$1,000.00 per recipient for a three year period.
17	Z0624		Medical Equip. & Supplies (other)	Medical Equip. & Supplies (other)	
17	T2029	RP	Medical Equip. & Supplies (routine maintenance & repair)		
13	T2019		Prevocational Services	Habilitation, Supported Employment	15 minutes \$1.76/ 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 \$7.04/Not to Exceed 1,280 1/4 hour units per CPOC year
98	H2026		Supported Employment – follow along	Ongoing Support to Maintain Employment	Day \$52.00/Not to Exceed 24 days per CPOC year

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98	H2025	TT	Supported Employment – mobile crew	Ongoing Support to Maintain Employment	15 minutes \$2.13 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) \$6.00/Not to Exceed 2 one-way trips per day, including Day Hab Transportation
14	A0130	НВ	Supported Employment Non-Emergency Transportation -wheelchair	Non-Emergency Transportation - wheelchair	Day (one-way) \$10.00/Not to Exceed 2 one-way trips per day, including Day Hab Transportation
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
82 or MIHC	S5136	CC	Adult Companion Care	Companion Care	Day \$92.02 Not to Exceed 365 days per year
AW	Z0648		Housing Stabilization	Permanent Supportive Housing	15 minutes - \$15.11  NTE 165 units per CPOC year of combined Housing Transition and Stabilization services
AW	Z0649		Housing Stabilization Transition	Permanent Supportive Housing	15 minutes - \$15.11  NTE 165 units per CPOC year of combined Housing Transition and Stabilization services.
MI	T2033		Monitored In-Home Caregiving –NOS	Monitored In Home Caregiving-Level 1	\$59.60 Per Diem
MI	T2033	TG	Monitored In-Home Caregiving-NOS	Monitored In-Home Caregiving-Level 2	\$89.40 Per Diem
MI	T1028	TU	Monitored In-Home Caregiving-Assessment	Monitored In-Home Caregiving- Assessment	\$250 One-Time

NTE = Not to Exceed NOS = Not Otherwise Specified

#### 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

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U6 = Day Habilitation

U7 = Psychologist

UJ = Night

UN = 2 people

UP = 3 people