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CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES PAGE(S) 17

BILLING CODES

The following chart describes the codes and rates that are to be used with the Residential Options 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	ordinati	on				
Case Management	45	81	4W	Support Coordination	T1016			\$176.79	1 flat monthly	12 annually
				Transition	Funding	g				
Community Transition Waiver	2	4A		One time transition service	T2038			\$3000		Life time maximum limit
		(Comi	munity Living Su	pports (Resi	denti	al)		
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 1	Home	e Services-Childr	en unde	r 18	(Resi	dential)		
Foster Care	84	84	4W	Host Home Level	S5140	НА		\$52.95	Per diem	
Foster Care	84	84	4W	Host Home Level 2	S5140	TF	НА	\$57.05	Per diem	
Foster Care	84	84	4W	Host Home Level 3	S5140	TG	НА	\$64.11	Per diem	
Foster Care	84	84	4W	Host Home Level 4	S5140	U2	НА	\$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 1	Home	Services-Adults 1	8 and	over	(Resi	dential)	
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	
			Con	npanion Care Serv	vices (F	Resido	ential)		
Companion Care, Adult	82	82	4W	Companion Care	S5136			\$92.02	Per diem	
				Living Services-I	,	_	_	- 1		
		Prov	ider l	Leased or Owned	Reside	nce (Resid	lential)	T	
Habilitation, Residential	11	4A	4G	Shared Living – Level 1	T2016			\$82.33	Per diem	
Habilitation Residential	11	4A	4G	Shared Living – Level 2	T2016	TF	НQ	\$90.81	Per diem	
Habilitation Residential	11	4A	4G	Shared Living – Level 3	T2016	TG	HQ	\$104.08	Per diem	
Habilitation Residential	11	4A	4G	Shared Living – Level 4	T2016	U2	НQ	\$123.09	Per diem	
			Sh	ared Living-New	(Up to	3 pec	ple)			
]	Partic	ipant	Leased or Owned	l Resid	ence	(Resi	idential)	
Habilitation, Residential	11	4A	4L	Shared Living – Level 1	T2016	HQ		\$82.33	Per diem	
Habilitation Residential	11	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
	Partic	cinant		ared Living-New (ed or Owned Resi		_		al) cont	tinued	
		Грин	Leas	ca or o wheattest						
Habilitation Residential	11	4A	4L	Shared Living – Level 3	T2016	TG	HQ	\$104.08	Per diem	
Habilitation Residential	11	4A	4L	Shared Living – Level 4	T2016	U2	НQ	\$123.09	Per diem	
Shared	Livin	g-Cor	iversi	on/Provider Lease	ed or C	wne	d Res	sidence	(Resident	tial)
Residential Care, (NOS), Waiver	11	4A	4J	Shared Living – Level 1 Up to 4 people	T2033	UQ		\$61.81	Per diem	
Residential Care, (NOS), Waiver	11	4A	4J	Shared Living – Level 2 Up to 4 people	T2033	TF	UQ	\$70.09	Per diem	
Residential Care, (NOS), Waiver	11	4A	4J	Shared Living – Level 3 Up to 4 people	T2033	TG	UQ	\$84.86	Per diem	
Residential Care, (NOS), Waiver	11	4A	4J	Shared Living – Level 4 Up to 4 people	T2033	U2	UQ	\$111.26	Per diem	
Shared I	Living	-Conv	ersio	n/Participant Lea	sed or	Own	ed Re	esidence	e (Resider	ntial)
Residential Care, (NOS), Waiver	11	4A	4H	Shared Living – Level 1 Up to 4 people	T2033	UQ		\$61.81	Per diem	
Residential Care, (NOS), Waiver	11	4A	4Н	Shared Living – Level 2 Up to 4 people	T2033	TF	UQ	\$70.09	Per diem	
Residential Care, (NOS), Waiver	11	4A	4Н	Shared Living – Level 3 Up to 4 people	T2033	TG	UQ	\$84.86	Per diem	
Residential Care, (NOS), Waiver	11	4A	4Н	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	ANN UAL SERV ICE LIMI TS
				Respite Serv	vices					
Respite Care Services	83	83		Respite Care Services- Out of Home	T1005	HQ		\$3.50	15 min	720 hours
			P	ersonal Emergenc System	y Resp	onse	!			
Personal Emergency Response System	16	90		Installation	S5160			\$30.00	Install- ation	
Personal Emergency Response System	16	90		Monthly Service Fee	S5161			\$27.00	Monthly	
			Tran	sportation (Reside	ential S	Servi	ces)			
Transportation Local Trip	42	4X 4A	4W	Transportation Regular - (Comm Access)	T2001	U1		\$5.58	One-way	730
Transportation -Local Trip (W/C)	42	4X 4A	4W	Transportation Wheel chair – (Comm Access)	A0090			\$9.32	One-way	730
			Ad	aptation/Accessib	ility So	ervice	es			
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		Emergency response system Purchase	S5162				One Time	

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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
			A	daptation/Accessi	bility S	Servic	es			
Remote Supports	17	91		Home environment assessment	T1028			\$450.00	One Time	
Remote Supports	17	91		Med reminder serv per month	S5185			\$75.00	Monthly	
Remote Supports	17	91		Monitoring feature/device noc	A9279				One Time	
Remote Supports	17	91		Monitoring feature/device noc interactive audio and video	A9279	GT			One Time	
Remote Supports	17	91		Alert device, noc	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	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		
Incontinence Supplies	17	91		Adult size pull-on xl	T4528			\$1.17		

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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
			A	daptation/Accessi	bility S	Servic	es			
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		
				Vocational S	Services	S				
Supported Employment	98	98		Supported Employment, Individual Job and Assistance with Micro Enterprise in a 1:1 ratio	H2023	тт		\$15.00	15 min	Up to 8 Units per day
Supported Employment	98	98		Supported Employment Virtual Delivery of Individual Job Follow Along 1:1 ratio	H2023	GT		\$13.63	15 Min	240 units per POC year

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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
				Vocational S	Service	s				
Supported Employment	98	98		Supported Employment, Mobile Crew or Enclave	H2026			\$2.73	15 Min	32 Units per Day
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
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	
Habilitation, Prevocational	13	36		Community Career Planning in a ratio of 1:2-4 ratio	T2025	UQ		\$4.50	15 Min	
Day Habilitation	14	50		Day Habilitation Onsite in a 1:5-8 ratio	T2021			\$2.48	15 Min	32 Units per Day
Day Habilitation	14	50		Virtual Delivery of Day Habilitation 1: 5-8 ratio	T2021	GT		\$2.98	15 Min	Up to 20 Units per day
Day Habilitation	14	50		Community Life Engagement in a Ratio of 1: 1 ratio	Т2021	TT		\$4.75	15 Min	32 Units per Day
Day Habilitation	14	50		Community Life Engagement in a Ratio of 1: 2-4 ratio	T2021	UQ		\$4.00	15 Min	
Non-Emergency Transportation	14	50		Regular Transportation for Day Habilitation	T2002			\$20.00	Per Day	

LOUISIANA MEDICAID PROGRAM

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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	ANNUA L SERVIC E LIMITS
				Nursing Se	rvices					
In Home Nursing Care by LPN	44 11	87 4A	4W	LPN-Intermittent Services (1 person)	G0300			,l \$71.44	Per visit	
Services of Skilled Nurse In	44	87	4W	LPN-Intermittent Services	G0200	TP/TP		#25 F0	D ::	
Home Health Setting	11	4A		(up to 4 persons)	G0300	TT		\$35.70	Per visit	
In Home Nursing Care	44	87	4W	LPN-Extended Services	S9124					
by LPN	11	4A	- * * *	(1 person)				\$41.60	Per hour	
In Home Nursing Care	44	87	4W	LPN-Extended Services	S9124	TT				
by LPN	11	4A	.,,	(up to 2 persons)	57121			\$20.80	Per Hour	
RN Intermittent	44	87	4W	Nursing RN						
Services	11	4A	711	(1 person)	G0299			\$89.51	Per visit	
RN Extended	44	87	4W	Nursing RN	S9123	TT				
Services	11	4A	711	(up to 2 persons)	57123	11		\$21.10	Per hour	
RN Extended	44	87	4W	Nursing RN	S9123					
Services	11	4A	711	(1 person)	37123			\$44.20	Per hour	
RN Intermittent	44	87	4W	Nursing RN		ТТ				
Services	11	4A	7111	(up to 4 persons)	G0299	11		\$44.62	Per visit	

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	rofes	sional Services (R	egister	ed D	ietici	an)		
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	

			Profe	essional Services	(Speecl	h Therapy	y)		
	39	71		Speech Therapy Evaluation of Speech					
Professional Services	11	4A	4W	Fluency (e.g. stuttering,	92521		\$21.00	15 min	
	84	84		cluttering)					
	39	71		Speech Therapy Evaluation of Speech					
Professional Services	11	4A	4W	sound production (e.g. articulation,	92522		\$21.00	15 min	
	84	84		phonological process, apraxia, dysarthria)					
	39	71		Speech Therapy Evaluation of Speech Sound Production (e.g., articulation,					
Professional Services	11	4A	4W	phonological process, apraxia, dysarthria) with evaluation of language	92523		\$21.00	15 min	
	84	84		comprehension and expression (e.g., receptive and expressive language)					
Professional	39	71		Speech Therapy Behavioral and					
Services	11	4A	4W	Qualitative Analysis of	92524		\$21.00	15 min	
	84	84		Voice and Resonance					
Professional	39	71	1	Speech Therapy					
Services	11	4A	4W	(Speech Language Hearing Therapy)	92507		\$21.00	15 min	
	84	84		Treating Therapy)					
Professional	39	71	4337	Speech Therapy	02520				
Services	11	4A	4W	(Laryngeal function studies)	92520		\$21.00	15 min	
	84	84		Station,			l		

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	fession	al Services (Spee	ch The	erapy) con	tinued		
D 6 : 1	39	71		C 1.701						
Professional Services	11	4A	4W	Speech Therapy (Oral function therapy)	92526			\$21.00	15 min	
	84	84		177				,	_	
Professional	39	71		Speech Therapy						
Services	11	4A	4W	(Evaluation for non-	92605			\$21.00	15 min	
	84	84		speech device RX)				·		
Professional	39	71		Speech Therapy						
Services	11	4A	4W	(Non-speech device	92606			\$21.00	15 min	
	84	84		service)						
Professional	39	71		Speech Therapy						
Services	11	4A	4W	(Ex for speech device	92607			\$21.00	15 min	
	84	84		RX)				*		
D	39	71		Speech Therapy						
Professional Services	11	4A	4W	(Evaluate swallowing	92610			\$21.00	15 min	
	84	84		function)				·		
D	39	71		C						
Professional Services	11	4A	4W	Speech Therapy (Therapeutic activities)	97530	GN		\$2.00	15 min	
	84	84		,				*		
D 6 : 1	39	71		Speech Therapy	07120					
Professional Services	11	4A	4W	(Cognitive skills	97129	GN		\$21.00	15 min	
	84	84		development)				4====		
		Pr	ofessi	onal Services (Oc	cupati	onal '	Ther	apy)		
	37	74		Occupational Therapy						
Professional	11	4A	4W	(OT Evaluation low	07165			044.40	20 :	
Services	84	84	1	complex 30 min)	97165			\$44.40	30 min	
Professional	37	74	4W	Occupational Therapy						
Services	11	4A		(OT Evaluation mod	97166			\$66.60	45 min	
Professional	84 37	84 74	4W	complex 45min)						
Services	11	4A	7 **	Occupational Therapy (OT Evaluation high	97167			\$88.80	60 min	
	84	84		complex 60 min)						
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(OT re-evaluation est	97168			\$23.00	15 min	
	84	84		plan of care)	7,100			\$20.00	20 11111	
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of hot or	97010	GO		\$23.00	15 min	
Scrvices	84	84		cold packs)				φωσ.00	1.5 111111	
	37	74		Occupational Therapy (Application of Traction,	97012					
Professional	11	4A	4W			GO			15 min	

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
			ional (Services (Occupa	tional '	Thera	apy)	continu	ed	
Professional	37 11	74 4A	4337	Occupational Therapy	05014	CO				
Services	84	84	4W	(Application of electrical stimulation/ unattended)	97014	GO		\$23.00	15 min	
	37	74		Occupational Therapy						
Professional	11	4A	4W	(Application of paraffin	97018	GO		622.00	15	
Services	84	84		bath)				\$23.00	15 min	
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of	97022	GO		\$23.00	15 min	
Services	84	84		whirlpool)				\$23.00	15 11111	
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of electrical	97032	GO		\$23.00	15 min	
Services	84	84		stimulation/ manual)				\$23.00	13 11111	
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of	97033	GO		\$23.00	15 min	
Services	84	84		iontophoresis)				\$25.00	13 11111	
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of	97035	GO		\$23.00	15 min	
Services	84	84		ultrasound)						
D 6 . 1	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(OT Therapeutic	97110	GO		\$23.00	15 min	
	84	84		Procedure)				4-2.00		
Df	37	74		O						
Professional Services	11	4A	4W	Occupational Therapy (Massage therapy)	97124	GO		\$23.00	15 min	
	84	84		(5 15)				·		
Duafassianal	37	74		Occupational Thorony						
Professional Services	11	4A	4W	Occupational Therapy (Manual therapy)	97140	GO		\$23.00	15 min	
	84	84								
Professional	37	74		Occupational Therapy						
Services	11	4A	4W	(Therapeutic activities)	97530	GO		\$23.00	15 min	
	84	84								
Professional	37	74		Occupational Therapy						
Services	11	4A	4W	(Cognitive skills development)	97129	GO		\$23.00	15 min	
	84	84		историнені)						
Professional	37	74	4777	Occupational Therapy	0=					
Services	11	4A	4W	(Wheelchair management)	97542	GO		\$23.00	15 min	
	84	84		management)		I				

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 (Physical Therapy)												
D 6 : 1	35	65		Physical Therapy									
Professional Services	11	4A	4W	(PT Evaluation low	97161			\$29.60	20 min				
	84	84		complex 20 min)									
Professional Services	35	65 4A	4W	Physical Therapy	97162			644.40	30 min				
Services	11 84	84	4 **	(PT Evaluation mod complex 30 min)	9/102			\$44.40	30 min				
Professional	35	65		Physical Therapy									
Services	11	4A	4W	(PT Evaluation high	97163			\$66.60	45 min				
	84	84		complex 45 min)									
Professional	35	65	4887	Physical Therapy (PT re-evaluation est plan of care)									
Services	11	4A	4W		97164			\$23.00	15 min				
	84	84											
Professional	35	65	4W	Physical Therapy (Application of hot or cold packs)	97010	GP							
Services	11	4A						\$23.00	15 min				
	84	84		cora paone)									
Professional	35	65	4W	Physical Therapy	.=	~~							
Services	11	4A		(Application of traction, mechanical)	97012	GP	\$23.00	\$23.00	15 min				
	84	84		- Incondition)									
Professional	35	65	4W	Physical Therapy	97014	~~							
Services	11	4A		(Application of electrical stimulation/ unattended)		GP	\$23.00	\$23.00	15 min				
	84	84											
Professional	35	65	4W	Physical Therapy (Application of paraffin bath)	97018								
Services	11	4A				GP		\$23.00	15 min				
	84	84											
Professional	35	65	ļ	Physical Therapy									
Services	11	4A	4W	(Application of whirlpool)	97022	GP		\$23.00	15 min				
	84	84		wiiiipooi)									
Professional	35	65	ļ	Physical Therapy									
Services	11	4A	4W	(Application of electrical stimulation/ manual)	97032	GP		\$23.00	15 min				
	84	84		Stimulation/ manuar)									
Professional	35	65		Physical Therapy									
Services	11	4A	4W	(Application of iontophoresis)	97033	GP		\$23.00	15 min				
	84	84		iomophoresis)									
Professional	35	65	4W	Physical Therapy									
Services	11	4A		(Application of	97035	GP		\$23.00	15 min				
	84	84		ultrasound)									
	35	65	1										
Professional	11	4A	4W	Physical Therapy	97110	CP							
Services	84	84	777	(Therapeutic Procedure)	97110	GP		\$23.00	15 min				

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	ession	al Services (Physi	ical Th	erapy	y) cor	ıtinued		
	35	65		Physical Therapy						
Professional Services	11	4A	4W	(neuromuscular	97112			\$23.00	15 min	
Services	84	84		re-education)				φ20.00	13 11111	
D 6 1 1	35	65		DI LETI						
Professional Services	11	4A	4W	Physical Therapy (Gait training)	97116			\$23.00	15 min	
	84	84		(6)				4-2111		
Dog for stored	35	65		Db						
Professional Services	11	4A	4W	Physical Therapy (Massage therapy)	97124	GP		\$23.00	15 min	
	84	84		(5 17)						
Professional	35	65	4W	Physical Therapy (Manual therapy)	97140	GP		\$23.00	15 min	
Services	11	4A								
	84	84								
Professional	35	65	4W	Physical Therapy (Therapeutic activities)				\$23.00		
Services	11	4A			97530	GP			15 min	
	84	84								
Professional	35	65	4W	Physical Therapy (Wheelchair Management)	97542	GP				
Services	11	4A						\$23.00	15 min	
	84	84		Wanagement)						
			Pro	ofessional Service	es (Soci	al W	ork)			
	73	73								
Professional Services	11	4A	4W	Social Worker (Family psychotherapy)	90847	AJ		\$18.00	15 min	
Services	84	84								
	73	73								
	11	4A		a						
Professional Services	84	84	4W	Social Worker (Group psychotherapy)	90853	AJ		\$18.00	15 min	
Duofos-:1	73	73]	Social Worker						
Professional Services	11	4A	4W	(Self-care Management	97535	AJ		\$18.00	15 min	
	84	84		Training)						
Professional	73	73	1	Social Worker						
Services	11	4A	4W	(Community/ Work	97537	AJ		\$18.00	15 min	
	84	84		Reintegration)						
	73	73	1							
Duafaa:1	11	4A	1	Social Worker						
Professional Services	84	84	4W	(Home visit assistance w/ADL's and personal care)	99509	AJ		\$18.00	15 min	

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 (Social Work) continued												
D 6 1 1	73	73		Social Worker								
Professional Services	11	4A	4W	(Home Visit,	99510	AJ		\$18.00	15 min			
	84	84		Sing/M/Fam Counseling)				4-010				
D 6 1 1	73	73		Social Worker								
Professional Services	11	4A	4W	(Unlisted Home Visit	99600	AJ		\$18.00	15 min			
	84	84		Service or Procedure)				4-010				
D 6 1 1	73	73		C 'IW I								
Professional Services	11	4A	4W	Social Worker (HHCP-SVS of CSW)	G0155			\$18.00	15 min			
	84	84						7				
D 6 . 1	73	73	4W	Social Worker (Assertive Community treatment face to face)	H0039							
Professional Services	11	4A				AJ	\$18.00	15 min				
	84	84										
D	73	73	4W	Social Worker (Mental Health Services, NOS)								
Professional Services	11	4A			H0046	AJ		\$18.00	15 min			
	84	84										
Professional	73	73	4W	Social Worker (Crisis Intervention)	H2011							
Services	11	4A				AJ	\$18.00	\$18.00	15 min			
	84	84										
Professional	73	73	4W	Social Worker (Skilled Training and Development)								
Services	11	4A			H2014			\$18.00	15 min			
	84	84										
Professional	73	73		Social Worker								
Services	11	4A	4W	(Psychosocial Rehab	H2017	AJ		\$18.00	15 min			
	84	84		Services)								
Professional	73	73]	Social Worker								
Services	11	4A	4W	(Therapeutic Behavior	H2019	AJ		\$18.00	15 min			
	84	84		Service)								
Duofossianal	73	73	1	Social Worker								
Professional Services	11	4A	4W	(Community-based Wrap	H2021	AJ		\$18.00	15 min			
	84	84	<u> </u>	Around)								
	Professional Services (Psychology)											
Professional	31	62, 95,96		Psychologist (Interactive								
Services	11	4A]	Psychological Diagnostic	90791			\$31.25	15 min			
	84	84	<u> </u>	Interview)	70/71							

HIPAA CODE NAME	PROVIDER TYPE	PROVIDERSPEC	PROVIDER SUB- SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS		
	Professional Services (Psychology) continued											
	31	62, 95,96		Psychologist								
Professional Services	11	4A	4W	(Individual	90832			\$31.25	15 min			
	84	84		Psychotherapy)	7 7 7 7			40 1.11				
Professional	31	62, 95,96		Psychologist	90846							
Services	11	4A	4W	(Family therapy without patient present)	90840			\$31.25	15 min			
	84	84										
Professional	31	62, 95,96	4W	Psychologist (Special Family Therapy w/ patient)	90847							
Services	11	4A				AH		\$31.25	15 min			
	84	84										
Professional	31	62, 95,96	4W	Psychologist (Group Psychotherapy)								
Services	11	4A			90853	AH		\$31.25	15 min			
	84	84										
Professional	31	62, 95,96	4W	Psychologist (Pharmacologic Management)	90863							
Services	11	4A						\$31.25	15 min			
	84	84		wianagement)								
Professional	31	62, 95,96		Psychologist								
Services	11	4A	4W	(Psychological Testing by Psychologist	96130			\$31.25	15 min			
	84	84		1 by entropist								
Professional	31	62, 95,96		Psychologist								
Services	11	4A	4W	(Psychological Testing by Tech)	96138			\$31.25	15 min			
	84	84										
Professional	31	62, 95,96	4887	Psychologist								
Services	11	4A	4W	(Neuropsychological testing)	96132			\$31.25	15 min			
	84	84		<i>S</i> ,								

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 (Psychology) continued											
Professional	31	62, 95,96		Psychologist								
Services	11	4A	4W	(Self-care Management Training)	97535	AH		\$31.25	15 min			
	84	84 62,										
Professional	31	95,96	4W	Psychologist (Community/ Work		AH						
Services	11 84	4A 84	- * *	Reintegration)	97537	7 ****		\$31.25	15 min			
	31	62,		Psychologist								
Professional Services	11	95,96 4A	4W	(Home visit for Assistance with ADL's and Personal Care)	99509	AH		\$31.25	15 min			
Services	84	84						\$51,23	13 11111			
n e · ı	31	62, 95,96	4W	Psychologist (Home Visit, Sing/M/Fam Counseling)	99510							
Professional Services	11	4A				AH		\$31.25	15 min			
	84	84										
Professional	31	62, 95,96	4W	Psychologist (Unlisted Home Visit Service or Procedure)								
Services	11	4A			99600	AH		\$31.25	15 min			
	84	84										
Professional	31	62, 95,96	4W	Psychologist (Assertive Community Treatment Face to Face)	*****							
Services	11	4A			H0039	AH		\$31.25	15 min			
	84	84										
Professional	31	62, 95,96	4W	Psychologist (Mental Health Services, NOS)	H0046							
Services	11	4A				AH		\$31.25	15 min			
	84	84 62,										
Professional	31	95,96	4W	Psychologist	H2011	AH						
Services	11	4A	4 **	(Crisis Intervention)	П2011	АП		\$31.25	15 min			
	84 31	84 62,										
Professional	11	95,96 4A	4W	Psychologist (Psychosocial Rehab	H2017	AH		021.25	45 .			
Services	84	84	1	Services)				\$31.25	15 min			
	31	62, 95,96		Psychologist								
Professional Services	11	95,90 4A	4W	(Therapeutic Behavior	H2019	AH		\$31.25	15 min			
SCI VICES	84	84	•	Service)				φυ1.Δυ	15 11111			
D 6 : :	31	62, 95,96		Psychologist								
Professional Services	11	4A	4W	(Community-based Wrap	H2021	AH		\$31.25	15 min			
	84	84		Around)								

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	
Permanent Supportive Housing Supports												
Permanent Supportive Housing	AW			Housing Stabilization	G9012	2			\$15.11 \$60.44	15 Min.	72 units annually	
Permanent Supportive Housing	AW			Housing Stabilization Transition	G901	2	U8		\$15.11	15 Min.	93 units annually	
			Δdu	lt Day Health Ca	re (AT	HC) Se	rvice	\$60.44	1 Hour		
Medical Rehabilitation Day Program	85	35	4W	Adult Day Health Care Center Based Service (ADHC)				IVIC	\$2.78 Rate include provider specific transportatio rate	15 min	Max 40 unit per day	
			M	lonitored In-Ho	me Ca	re (Givi	ng				
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	-	ΓG		\$135.04	per diem		
Monitored In- Home Care Giving	MI	35		Assessment	T1028	Т	U		\$250.00	one time		
	Financial Management Services											
Financial Management Services (FMS) Monthly Administrati ve Fee	01			Financial Management Services	W7319			\$10	05.88	Monthly		