CHAPTER 38: RESIDENTIAL OPTIONS WAIVER APPENDIX E: BILLING CODES

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BILLING CODES

The following chart describes the codes and rates (effective September 1, 2015) that are to be used with the Residential Options Waiver. 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 Coor	dinati	on				
Case Management	45	81	4W	Support Coordination	T1016			\$14.88	15 min	12 per month 144 annually
Case Management	45	81	4W	Support Coordination- High need	T1016	TG		\$14.88	15 min	24 per month 288 annually
				Transition F	undin	g				
Community Transition Waiver	2	4 A		One time transition service	T2038			\$3000		Life time maximum limit
			Comr	nunity Living Sup	ports (Resi	denti	al)		
Attendant Care Services	82	82	4W	Community Living Supports – 1 Person	S5125			\$3.61	15 min	
Attendant Care Services	82	82	4W	Community Living Supports – 2 Persons	S5125	UN		\$2.90	15 min	
Attendant Care Services	82	82	4W	Community Living Supports – 3 persons	S5125	UP		\$2.41	15 min	
]	Host 1	Home	e Services-Children	n unde	er 18	(Resi	dential		
Foster Care	84	84	4W	Host Home Level 1	S5140	НА		\$51.11	Per diem	
Foster Care	84	84	4W	Host Home Level 2	S5140	TF	НА	\$55.07	Per diem	
Foster Care	84	84	4W	Host Home Level 3	S5140	TG	НА	\$62.21	Per diem	
Foster Care	84	84	4W	Host Home Level 4	S5140	U2	НА	\$66.91	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 H	Iome	Services-Adults 1	8 and	over	(Resi	idential)	
Foster Care Adult	84	84	4W	Host Home Level 1	S5140			\$51.11	Per diem	
Foster Care Adult	84	84	4W	Host Home Level 2	S5140	TF		\$55.07	Per diem	
Foster Care Adult	84	84	4W	Host Home Level 3	S5140	TG		\$62.21	Per diem	
Foster Care Adult	84	84	4W	Host Home Level 4	S5140	U2		\$66.91	Per diem	
			Con	panion Care Serv	vices (F	Resid	entia	l)		
Companion Care, Adult	82	82	4W	Companion Care	85136			\$39.58	Per diem	
				Living Services-N		-	-	-		
	1	Provi	ider I	Leased or Owned	Reside	nce (Resid	lential)		
Habilitation, Residential	11	4 A	4G	Shared Living – Level 1	T2016			\$79.47	Per diem	
Habilitation Residential	11	4 A	4G	Shared Living – Level 2	T2016	TF	HQ	\$87.66	Per diem	
Habilitation Residential	11	4 A	4G	Shared Living – Level 3	T2016	TG	НQ	\$100.47	Per diem	
Habilitation Residential	11	4 A	4G	Shared Living – Level 4	T2016	U2	НQ	\$118.82	Per diem	
			Sh	ared Living-New	(Up to	3 peo	ople)			
	I	Partic	ipant	Leased or Owned	l Resid	ence	(Res	idential)	
Habilitation, Residential	11	4 A	4L	Shared Living – Level 1	T2016	НQ		\$79.47	Per diem	
Habilitation Residential	11	4 A	4L	Shared Living – Level 2	T2016	TF	НQ	\$87.66	Per diem	

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HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB- SPECIAL TY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS
	Partic	inant		ared Living-New (ed or Owned Resi	-	-		al) con	tinued	
-		трані	Leas	eu of Owneu Kesi	uence	ILCSI	uenu	al) com	linueu	
Habilitation Residential	11	4 A	4L	Shared Living – Level 3	T2016	TG	HQ	\$100.47	Per diem	
Habilitation Residential	11	4 A	4L	Shared Living – Level 4	T2016	U2	HQ	\$118.82	Per diem	
Shared	Livin	g-Cor	nversi	on/Provider Leas	ed or (Owne	d Re	sidence	(Residen	tial)
Residential Care, (NOS), Waiver	11	4 A	4J	Shared Living – Level 1 Up to 4 people	T2033	UQ		\$59.66	Per diem	
Residential Care, (NOS), Waiver	11	4 A	4J	Shared Living – Level 2 Up to 4 people	T2033	TF	UQ	\$67.66	Per diem	
Residential Care, (NOS), Waiver	11	4 A	4J	Shared Living – Level 3 Up to 4 people	T2033	TG	UQ	\$81.92	Per diem	
Residential Care, (NOS), Waiver	11	4 A	4J	Shared Living – Level 4 Up to 4 people	T2033	U2	UQ	\$107.39	Per diem	
Shared I	living	-Conv	versio	n/Participant Lea	sed or	Own	ed R	esidenc	e (Reside	ntial)
Residential Care, (NOS), Waiver	11	4 A	4Н	Shared Living – Level 1 Up to 4 people	T2033	UQ		\$59.66	Per diem	
Residential Care, (NOS), Waiver	11	4 A	4Н	Shared Living – Level 2 Up to 4 people	T2033	TF	UQ	\$67.66	Per diem	
Residential Care, (NOS), Waiver	11	4 A	4Н	Shared Living – Level 3 Up to 4 people	T2033	TG	UQ	\$81.92	Per diem	
Residential Care, (NOS), Waiver	11	4A	4H	Shared Living – Level 4 Up to 4 people	T2033	U2	UQ	\$107.39	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	Livin	g-Cor	versi	on/Provider Leas	ed or ()wne	d Re	sidence	(Residen	tial)
Residential Care, (NOS), Waiver	11	4 A	4J	Shared Living – Level 1 Up to 6 people	T2033			\$59.66	Per diem	
Residential Care, (NOS), Waiver	11	4 A	4J	Shared Living – Level 2 Up to 6 people	T2033	TF	HQ	\$67.66	Per diem	
Residential Care, (NOS), Waiver	11	4 A	4J	Shared Living – Level 3 Up to 6 people	T2033	TG	HQ	\$81.92	Per diem	
Residential Care, (NOS), Waiver	11	4 A	4J	Shared Living – Level 4 Up to 6 people	T2033	U2	HQ	\$107.39	Per diem	
Shared I	Living	-Conv	versio	n/Participant Lea	sed or	Own	ed R	esidenc	e (Reside	ntial)
Residential Care, (NOS), Waiver	11	4 A	4 H	Shared Living – Level 1 Up to 6 people	T2033	HQ		\$59.66	Per diem	
Residential Care, (NOS), Waiver	11	4 A	4 H	Shared Living – Level 2 Up to 6 people	T2033	TF	HQ	\$67.66	Per diem	
Residential Care, (NOS), Waiver	11	4 A	4H	Shared Living – Level 3 Up to 6 people	T2033	TG	HQ	\$81.92	Per diem	
Residential Care, (NOS), Waiver	11	4 A	4H	Shared Living – Level 4 Up to 6 people	T2033	U2	HQ	\$107.39	Per diem	
				Respite Se	rvices					
Respite Care Services	83	83		Respite Care Services- Out of Home	T1005	HQ		\$3.26	15 min	720 hours
			Pers	onal Emergency	Respor	nse Sy	ysten	1		
Personal Emergency Response System	16	90		Installation	85160			\$30.00	Install- ation	
Personal Emergency Response System	16	90		Monthly Service Fee	S5161			\$27.00	Monthly	

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			Tra	nsportation (Resid	lential	Serv	vices))		
Transportation	42	4X	4W	Transportation Regular -	Z5177			\$5.58	One-way	730
Local Trip	01	4A		(Comm Access)				******	one way	
Transportation –Local Trip	42	4X	4W	Transportation Wheel chair –	Z5186			\$9.32	One-way	730
(W/C)	01	4 A		(Comm Access)						
			A	daptation/Accessil	oility S	ervi	ces			
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	Z0620				Per Service	
				Vocational S	ervices	;		•		
Supported Employment	98	98		Supported Employment, Individual Job and Assistance with Micro Enterprise	H2023	TT		\$2.51	15 min (Minimum number of service hours is 1 hour)	32 units per day
Supported Employment	98	98		Supported Employment, Mobile Crew or Enclave	H2024	52		\$25.10	2.5 hours	2 units per day
Non-Emergency Transportation	98	98		Regular Transportation for Supported Employment Services	T2003	SE		\$5.58	One way	
Non-Emergency Transportation	98	98		Wheel chair Transportation for Supported Employment Services	A0130	SE		\$9.32	One way	
Habilitation, Prevocational	13	36		Pre-Vocational	T2014	52		\$21.72	2.5 hours	10 units per week
Non-Emergency Transportation	13	36		Regular Transportation for Prevocational Services	T2003			\$5.58	One way	10 units per week

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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
			V	ocational Service	es (con	tinue	d)			
Non-Emergency Transportation	13	36		Wheel chair Transportation for Prevocational Services	A0130			\$9.32	One way	10 units per week
Day Habilitation	14	50		Day Habilitation	T2020			\$17.86	2.5 hours	10 units per week
Non-Emergency Transportation	14	50		Regular Transportation for Day Habilitation	T2003	U6		\$5.58	One way	10 units per week
Non-Emergency Transportation	14	50		Wheel chair Transportation for Day Habilitation	A0130	U6		\$9.32	One way	10 units per week
				Nursing Se	ervices					
In Home	44	87		LPN-Intermittent						
Nursing Care by LPN	11	4A	4W	Services (1 person)	G0154	TE		\$53.01	Per visit	
Services of	44	87		LPN-Intermittent						
Skilled Nurse In Home Health	11	4A	4W	Services (up to 4 persons)	G0154	TE	ТТ	\$26.51	Per visit	
Setting In Home	44	87								
Nursing Care	11	4A	4W	LPN-Extended Services (1 person)	S9124			\$30.89	Per hour	
by LPN In Home	44	87								
Nursing Care by LPN	11	4A	4W	LPN-Extended Services (up to 2 persons)	S9124	ТТ		\$15.44	Per Hour	
RN Intermittent	44	87		Nursing RN						
Services	11	4A	4W	(1 person)	G0154	TD		\$57.19	Per visit	
RN Extended	44	87		Nursing RN				****		
Services	11	4 A	4W	(up to 2 persons)	S9123	ТТ		\$16.41	Per hour	
RN Extended	44	87	4337	Nursing RN	60102			¢22.92	D. I.	
Services	11	4 A	4W	(1 person)	S9123			\$32.82	Per hour	
RN Intermittent	44	87	4W	Nursing RN	G0154	TD	тт	\$32.86	Per visit	
Services	11	4 A		(up to 4 persons)	00134	10	11	φ52.00		

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		Р	rofess	ional Services (R	egister	ed D	ietici	an)		
Professional Services	41,11, 84	4R	4W	Registered Dietician (Individual)	97802			\$8.69	15 min	
Professional Services	41,11, 84	4R	4W	Registered Dietician (Individual, Subsequent)	97803			\$8.69	15 min	
Professional Services	41,11, 84	4R	4W	Registered Dietician (Group)	97804			\$8.69	15 min	
			Profe	essional Services	(Speecl	h The	erapy	7)		
	39	71		Speech Therapy						
Professional Services	11	4 A	4W	Evaluation of Speech Fluency	92521			\$20.27	15 min	
	84	84		(e.g. stuttering, cluttering)						
	39	71		Speech Therapy Evaluation of Speech						
Professional Services	11	4 A	4W	sound production (e.g. articulation,	92522			\$20.27	15 min	
	84	84		phonological process, apraxia, dysarthria)						
	39	71		Speech Therapy Evaluation of Speech Sound Production (e.g., articulation,						
Professional Services	11	4 A	4W	phonological process, apraxia, dysarthria) with evaluation of language	92523			\$20.27	15 min	
	84	84		comprehension and expression (e.g., receptive and expressive language)						
Professional	39	71		Speech Therapy						
Services	11	4 A	4W	Behavioral and Qualitative Analysis of	92524			\$20.27	15 min	
	84	84		Voice and Resonance						
Professional	39	71		Speech Therapy	00505			#20 2 7		
Services	11	4A	4W	(Speech Language Hearing Therapy)	92507			\$20.27	15 min	
	84 39	84 71								
Professional	39 11	4A	4W	Speech Therapy (Laryngeal function	92520			\$20.27	15 min	
Services	84	4A 84		studies)	72320			φ40.47	15 1111	
	04	04		,				I		

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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
		Pro	fessior	nal Services (Spee	ch The	rapy)	cont	inued		
D 4 1 1	39	71								
Professional Services	11	4 A	4W	Speech Therapy (Oral function therapy)	92526			\$20.27	15 min	
501 11005	84	84		(oral function alorapy)						
D e · 1	39	71		Speech Therapy						
Professional Services	11	4 A	4 W	(Evaluation for non-	92605			\$20.27	15 min	
	84	84		speech device RX)						
Professional	39	71		Speech Therapy						
Services	11	4 A	4 W	(Non-speech device	92606			\$20.27	15 min	
	84	84		service)						
Professional	39	71		Speech Therapy						
Services	11	4 A	4W	(Ex for speech device	92607			\$20.27	15 min	
	84	84		RX)						
Professional	39	71	-	Speech Therapy						
Services	11	4 A	4W	(Evaluate swallowing	92610			\$20.27	15 min	
	84	84		function)						
Professional	39	71		Speech Therapy						
Services	11	4 A	4W	(Therapeutic activities)	97530	GN		\$20.27	15 min	
	84	84								
Professional	39	71		Speech Therapy						
Services	11	4 A	4W	(Cognitive skills development)	97532	GN		\$20.27	15 min	
	84	84		• ·						
		P	rofessi	onal Services (Oc	cupation	onal 7	Thera	npy)		
Development	37	74		Occupational Therapy						
Professional Services	11	4A	4 W	(OT Evaluation low	97165			\$44.40	30 min	
	84	84		complex 30 min)						
Professional Services	37 11	74 4A	4W	Occupational Therapy	071//			¢	47	
Services	84	4A 84	1	(OT Evaluation mod complex 45min)	97166			\$66.60	45 min	
Professional	37	74	4W	Occupational Therapy						
Services	11	4A		(OT Evaluation high	97167			\$88.80	60 min	
	84	84		complex 60 min)						
Professional	37	74	4W	Occupational Therapy (OT re-evaluation est				\$22.20	15 min	
Services	11 84	4A 84	-+ VV	plan of care)	97168			φ <i>44.2</i> 0	15 11111	
	37	74						+		
Professional	11	4A	4W	Occupational Therapy (Application of hot or	97010	GO		\$22.20	15 min	
Services	84	84	1	cold packs)				+		
Due Contra 1	37	74		Occupational Therapy					ļ	
Professional Services	11	4A	4W	(Application of Traction,	97012	GO		\$22.20	15 min	
~~~	84 37	84 74		Mechanical)		<u> </u>				
Professional		74 4A	4W	<b>Occupational Therapy</b> (Application of electrical	97014	GO		\$22.20	15 min	
Services	84	84		stimulation/ unattended)						

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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
	Pr	ofessi	onal S	Services (Occupat	tional '	Thera	apy) (	continu	ed	
	37	74		Occupational Therapy						
Professional Services	11	<b>4</b> A	<b>4</b> W	(Application of paraffin	97018	GO		\$22.20	15 min	
Services	84	84		bath)						
	37	74		Occupational Therapy						
Professional Services	11	4A	<b>4W</b>	(Application of	97022	GO		\$22.20	15 min	
	84	84		whirlpool)						
Professional	37	74		<b>Occupational Therapy</b>						
Services	11	<b>4</b> A	<b>4</b> W	(Application of electrical	97032	GO		\$22.20	15 min	
	84	84		stimulation/ manual)						
Professional	37	74		<b>Occupational Therapy</b>						
Services	11	<b>4</b> A	<b>4</b> W	(Application of lontophoresis)	97033	GO		\$22.20	15 min	
	84	84		iontophoresis)						
Professional	37	74		<b>Occupational Therapy</b>						
Services	11	<b>4</b> A	4W	(Application of ultrasound)	97035	GO		\$22.20	15 min	
	84	84		ultrasound)						
Professional	37	74		<b>Occupational Therapy</b>						
Services	11	4A	4W	(OT Therapeutic Procedure)	97110	GO		\$22.20	15 min	
	84	84								
Professional	37	74		Occupational Therapy		~~		<b>.</b>		
Services	11	4A	4W	(Massage therapy)	97124	GO		\$22.20	15 min	
	84 37	84								
Professional	37	74 4A	4W	Occupational Therapy	97140	GO		\$22.20	15 min	
Services	84	4A 84	-+ VV	(Manual therapy)	7714U	90		<i>φ∠2.2</i> 0	15 1111	
	37	74								
Professional	11	4A	4W	Occupational Therapy	97530	GO		\$22.20	15 min	
Services	84	84		(Therapeutic activities)	21000	00		φ <b>22,20</b>	15 1111	
	37	74		0 1						
Professional	11	4A	<b>4</b> W	Occupational Therapy (Cognitive skills	97532	GO		\$22.20	15 min	
Services	84	84	,,	development)	2.002			<b>~</b>		
	37	74		Occuration -1 The						
Professional	11	4A	<b>4</b> W	Occupational Therapy (Wheelchair	97542	GO		\$22.20	15 min	
Services	84	84		management)				+		

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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
			Profe	essional Services (1	Physica	al Th	erapy	<b>'</b> )		
Professional	35	65		Physical Therapy						
Services	11	<b>4</b> A	<b>4</b> W	(PT Evaluation low	97161			\$29.60	20 min	
	84	84		complex 20 min)						
Professional Services	35	65	4337	Physical Therapy	071(2			\$44.40	20!	
Services	11 84	4A 84	4W	(PT Evaluation mod complex 30 min )	97162			\$44.40	30 min	
Professional	35	65		Physical Therapy						
Services	11	4A	<b>4W</b>	(PT Evaluation high	97163			\$66.60	45 min	
	84	84		complex 45 min )						
Professional	35	65	4337	Physical Therapy				¢22.20	15	
Services	11	4A	4W	(PT re-evaluation est plan of care)	97164			\$22.20	15 min	
	84 35	84 65		,						
Professional	- 35 - 11	4A	<b>4</b> W	<b>Physical Therapy</b> (Application of hot or	97010	GP		\$22.20	15 min	
Services	84	4A 84		cold packs)	27010			φ <b>22.2</b> 0	10 1111	
	35	65		Physical Therapy						
Professional	11	4A	4W	(Application of traction,	97012	GP		\$22.20	15 min	
Services	84	84		mechanical)						
	35	65		Physical Therapy						
Professional Services	11	4A	<b>4</b> W	(Application of electrical	97014	GP		\$22.20	15 min	
Services	84	84		stimulation/ unattended)						
Duefeeteral	35	65		Physical Therapy						
Professional Services	11	4A	<b>4</b> W	(Application of paraffin	97018	GP		\$22.20	15 min	
	84	84		bath)						
Professional	35	65		Physical Therapy						
Services	11	<b>4</b> A	4W	(Application of whirlpool)	97022	GP		\$22.20	15 min	
	84	84		· ·						
Professional	35	65	4337	Physical Therapy	05022	CD		<b>#22.20</b>		
Services	11	4A	<b>4</b> W	(Application of electrical stimulation/ manual)	97032	GP		\$22.20	15 min	
	84 35	84 65								
Professional	35 11	05 4A	<b>4</b> W	Physical Therapy (Application of	97033	GP		\$22.20	15 min	
Services	84	4A 84	• • • •	lontophoresis)	21000			Ψ <b>==</b> • <b>=</b> 0	10 1111	
	35	65		Physical Therapy						
Professional	11	4A	<b>4</b> W	(Application of	97035	GP		\$22.20	15 min	
Services	84	84		ultrasound)						
Ducf	35	65		Dhard 1 The						
Professional Services	11	<b>4</b> A	<b>4W</b>	<b>Physical Therapy</b> (Therapeutic Procedure)	97110	GP		\$22.20	15 min	
	84	84		(						
Professional	35	65		Physical Therapy						
Services	11	<b>4</b> A	4W	(neuromuscular re-education)	97112			\$22.20	15 min	
	84	84								
Professional	35	65	4337	Physical Therapy	07114			¢22.20	15	
Services	11	4A	<b>4</b> W	(Gait training)	97116			\$22.20	15 min	
	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
		Profe	essiona	al Services (Physi	cal Th	erapy	y) coi	ntinued		
	35	65								
Professional Services	11	<b>4</b> A	<b>4W</b>	<b>Physical Therapy</b> (Massage therapy)	97124	GP		\$22.20	15 min	
	84	84								
Duefectional	35	65		Divisional Thomas y						
Professional Services	11	<b>4</b> A	<b>4</b> W	Physical Therapy (Manual therapy)	97140	GP		\$22.20	15 min	
	84	84		· · · · · · · · · · · · · · · · · · ·						
Professional	35	65		Physical Therapy						
Services	11	4A	4W	(Therapeutic activities)	97530	GP		\$22.20	15 min	
	84	84		· • •						
Professional	35	65		Physical Therapy						
Services	11	<b>4</b> A	4W	(Wheelchair	97542	GP		\$22.20	15 min	
	84	84		Management)						
			Pro	ofessional Service	s (Soci	al W	ork)			
	73	73		a						
Professional Services	11	<b>4</b> A	<b>4</b> W	Social Worker (Family psychotherapy)	90847	AJ		\$17.38	15 min	
Services	84	84		(I anniy psychotherapy)						
<b>D</b> 4 1 1	73	73								
Professional Services	11	<b>4</b> A	<b>4</b> W	<b>Social Worker</b> (Group psychotherapy)	90853	AJ		\$17.38	15 min	
Bervices	84	84		(Group psycholaerapy)						
	73	73		Social Worker						
Professional Services	11	<b>4</b> A	<b>4</b> W	(Assess Hlth/ Behave,	96150	AJ		\$17.38	15 min	
Services	84	84		Init)						
	73	73		Social Worker						
Professional Services	11	<b>4</b> A	<b>4</b> W	(Self-care Management	97535	AJ		\$17.38	15 min	
	84	84		Training)						
Professional	73	73		Social Worker						
Services	11	<b>4</b> A	4W	(Community/ Work	97537	AJ		\$17.38	15 min	
	84	84		Reintegration)						
Professional	73	73		Social Worker (Home visit assistance						
Services	11	<b>4</b> A	<b>4</b> W	w/ADL's and personal	99509	AJ		\$17.38	15 min	
	84	84		care)						
Professional	73	73		Social Worker	00710					
Services	11	4A	4W	(Home Visit, Sing/M/Fam Counseling)	99510	AJ		\$17.38	15 min	
	84	84		Sing in Fun Counseing)						
Professional	73	73	4777	Social Worker	00/00			¢15 30	15 .	
Services	11	4A	4W	(Unlisted Home Visit Service or Procedure)	99600	AJ		\$17.38	15 min	
	84	84		Service of Procedure)						

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## **APPENDIX E: BILLING CODES**

HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB- SPECIALTY	SERVICE DESCRIPTION	<b>PROCEDURE</b> CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS
		Pr	ofessio	onal Services (So	cial Wo	ork) (	contii	nued		
	73	73								
Professional Services	11	4A	<b>4</b> W	Social Worker (HHCP-SVS of CSW)	G0155			\$17.38	15 min	
Services	84	84		(111101-5 ¥ 5 61 C5 ₩)						
	73	73		Social Worker						
Professional Services	11	<b>4</b> A	<b>4</b> W	(Assertive Community	H0039	AJ		\$17.38	15 min	
Services	84	84		treatment face to face)						
	73	73		Social Worker						
Professional Services	11	<b>4</b> A	<b>4W</b>	(Mental Health Services,	H0046	AJ		\$17.38	15 min	
Services	84	84		NOS)						
	73	73								
Professional Services	11	4A	<b>4</b> W	Social Worker (Crisis Intervention)	H2011	AJ		\$17.38	15 min	
Services	84	84		(ensis intervention)						
	73	73		Social Worker						
Professional Services	11	<b>4</b> A	<b>4W</b>	(Skilled Training and	H2014			\$17.38	15 min	
Services	84	84		Development)						
	73	73		Social Worker						
Professional Services	11	4A	<b>4</b> W	(Psychosocial Rehab	H2017	AJ		\$17.38	15 min	
Services	84	84		Services)						
	73	73		Social Worker						
Professional Services	11	4A	<b>4</b> W	(Therapeutic Behavior	H2019	AJ		\$17.38	15 min	
Services	84	84		Service)						
	73	73		Social Worker						
Professional Services	11	4A	<b>4</b> W	(Community-based Wrap	H2021	AJ		\$17.38	15 min	
Services	84	84		Around)						
			Pr	ofessional Service	es (Psy	cholo	ogy)			
	21	62,								
Professional	31	95,96	111	Psychologist	90801			\$20.17	15	
Services	11	<b>4</b> A	4W	(Diagnostic Interview)	90801			\$30.17	15 min	
	84	84								
Professional	31	62, 95,96		<b>Psychologist</b> (Interactive						
Services	11	<b>4</b> A	4W	Psychological Diagnostic	90802			\$30.17	15 min	
	84	84		Interview)						
Professional	31	62, 95,96		Psychologist	00001			4ac 17		
Services	11	<b>4</b> A	4W	(Individual Psychotherapy)	90806			\$30.17	15 min	
	84	84		i sychonorapy)						

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## **APPENDIX E: BILLING CODES**

HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB- SPECIALTY	SERVICE DESCRIPTION	<b>PROCEDURE</b> CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS	
	Professional Services (Psychology) continued										
	31	62, 95,96	4W	Psychologist (Individual Psychotherapy, Utilizing Equipment/ Devices)	90812						
Professional Services	11	4A						\$30.17	15 min		
	84	84									
	31	62, 95,96		<b>Psychologist</b> (Family psychotherapy)	90846			\$30.17			
Professional Services	11	4A	<b>4</b> W						15 min		
	84	84									
	31	62, 95,96		<b>Psychologist</b> (Special Family Therapy)	90847	АН		\$30.17	15 min		
Professional Services	11	4A	4W								
	84	84									
Professional Services	31	62, 95,96	4W	<b>Psychologist</b> (Group Psychotherapy)		3 AH		\$30.17	15 min		
	11	4A			90853						
	84	84									
Professional	31	62, 95,96	4W	<b>Psychologist</b> (Interactive Group Psychotherapy)		57		\$30.17	15 min		
Services	11	4A			90857						
	84	84									
Professional	31	62, 95,96	4W	<b>Psychologist</b> (Pharmacologic Management)	90862			<b>#20.15</b>			
Services	11	<b>4</b> A						\$30.17	15 min		
	84	84 62,									
Professional	31	95,96	4W	<b>Psychologist</b> (Psychological Testing by Psychologist	96101			\$30.17	15 min		
Services	11 84	4A 84									
	31	62, 95,96	4W	Psychologist (Psychological Testing by Tech)	96102						
Professional Services	11	4A						\$30.17	15 min		
Services	84	84									
Desfer	31	62, 95,96		<b>Psychologist</b> (Neuropsychological testing)	96118						
Professional Services	11	4A	4W					\$30.17	15 min		
	84	84									
Professional	31	62, 95,96	4W	<b>Psychologist</b> (Assess Hlth/Behave, Init)	96150	АН		\$30.17	15 min		
Services	11	4A									
	84	84									
Professional	31	62, 95,96	4W	<b>Psychologist</b> (Self-care Management Training)	97535	АН		\$30.17	15 min		
Services	11	4A									
	84	84									

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## **APPENDIX E: BILLING 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
<b>Professional Services (Psychology) continued</b>										
Professional Services	31 11 84	62, 95,96 4A 84	4W	<b>Psychologist</b> (Community/ Work Reintegration)	97357	АН		\$30.17	15 min	
Professional Services	31 11 84	62, 95,96 4A 84	4W	<b>Psychologist</b> (Home visit for Assistance with ADL's and Personal Care)	99509	АН		\$30.17	15 min	
Professional Services	31 11 84	62, 95,96 4A 84	4W	<b>Psychologist</b> (Home Visit, Sing/M/Fam Counseling)	99510	АН		\$30.17	15 min	
Professional Services	31 11 84	62, 95,96 4A 84	4W	<b>Psychologist</b> (Unlisted Home Visit Service or Procedure)	99600	АН		\$30.17	15 min	
Professional Services	31 11 84	62, 95,96 4A 84	4W	<b>Psychologist</b> (Assertive Community Treatment Face to Face)	H0039	АН		\$30.17	15 min	
Professional Services	31 11 84	62, 95,96 4A 84	4W	<b>Psychologist</b> (Mental Health Services, NOS)	H0046	АН		\$30.17	15 min	
Professional Services	31 11 84	62, 95,96 4A 84	4W	<b>Psychologist</b> (Crisis Intervention)	H2011	АН		\$30.17	15 min	
Professional Services	31 11 84	62, 95,96 4A 84	4W	<b>Psychologist</b> (Psychosocial Rehab Services)	H2017	АН		\$30.17	15 min	
Professional Services	31 11 84	62, 95,96 4A 84	4W	<b>Psychologist</b> (Therapeutic Behavior Service)	H2019	АН		\$30.17	15 min	
Professional Services	31 11 84	62, 95,96 4A 84	4W	<b>Psychologist</b> (Community-based Wrap Around)	H2021	АН		\$30.17	15 min	

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HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB- SPECIALTY	SERVICE DESCRIPTION	<b>PROCEDURE</b> CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS
Dental Services										
Dental	27	19, 66, 67, 68		Dental (Periodic Oral Examination, Patient of Record)	D0120			\$30.95	Per procedure	
Dental	27	19, 66, 67, 68		<b>Dental</b> (Comprehensive Oral Examination, New Patient)	D0150			\$53.47	Per procedure	
Dental	27	19, 66, 67, 68		<b>Dental</b> (Radiographs, Complete Series including Bitewings)	D0210			\$67.72	Per procedure	
Dental	27	19, 66, 67, 68		<b>Dental</b> (Prohylaxis-Adult)	D1110			\$52.77	Per procedure	
Permanent Supportive Housing Supports										
Permanent Supportive Housing	AW			Housing Stabilization	Z0648			\$15.11/ 15 Min. \$60.44/ hr.		72 units annually
Permanent Supportive Housing	AW			Housing Stabilization Transition	Z0649			\$15.11/1 5 Min. \$60.44		93 units annually