CHAPTER 38: RESIDENTIAL OPTIONS WAIVER APPENDIX E: BILLING CODES

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BILLING CODES

The following chart describes the codes and rates 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	PROCEDURZE 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			\$176.79	1 flat monthly	12 annually
	1	1		Transition F	unding	g	1	1		
Community Transition Waiver	2	4 A		One time transition service	T2038			\$3000		Life time maximum limit
			Comi	munity Living Sup	ports (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]	Home	e Services-Childre	n unde	er 18	(Resi	dential))	
Foster Care	84	84	4W	Host Home Level 1	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 I	Home	e Services-Adults	18 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	Reside	ential)		
Companion Care, Adult	82	82	4W	Companion Care	85136			\$92.02	Per diem	
				Living Services-I		-	-			
		Prov	ider]	Leased or Owned	Reside	nce (Resid	lential)		
Habilitation, Residential	11	4A	4G	Shared Living – Level 1	T2016			\$82.33	Per diem	
Habilitation Residential	11	4 A	4G	Shared Living – Level 2	T2016	TF	HQ	\$90.81	Per diem	
Habilitation Residential	11	4 A	4G	Shared Living – Level 3	T2016	TG	HQ	\$104.08	Per diem	
Habilitation Residential	11	4 A	4G	Shared Living – Level 4	T2016	U2	HQ	\$123.09	Per diem	
			Sh	ared Living-New	(Up to	3 pec	ple)			
]	Partic	ipant	t Leased or Owned	l Resid	ence	(Res	idential)	
Habilitation, Residential	11	4 A	4L	Shared Living – Level 1	T2016	HQ		\$82.33	Per diem	
Habilitation Residential	11	4 A	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
	Dorti	vinant		ared Living-New (ed or Owned Resi	· -	-	- /	al) cont	inuad	
	raruo	пращ	Leas	eu of Owneu Kesi	uence	(NESI	uenti	al) com	inueu	
Habilitation Residential	11	4 A	4L	Shared Living – Level 3	T2016	TG	HQ	\$104.08	Per diem	
Habilitation Residential	11	4 A	4L	Shared Living – Level 4	T2016	U2	HQ	\$123.09	Per diem	
Shared	Livin	g-Cor	nversi	on/Provider Lease	ed or C	wne	d Res	idence	(Resident	ial)
Residential Care, (NOS), Waiver	11	4 A	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	4 A	4J	Shared Living – Level 3 Up to 4 people	T2033	TG	UQ	\$84.86	Per diem	
Residential Care, (NOS), Waiver	11	4 A	4J	Shared Living – Level 4 Up to 4 people	T2033	U2	UQ	\$111.26	Per diem	
Shared I	living	-Conv	versio	n/Participant Lea	sed or	Own	ed Re	esidence	e (Resider	ntial)
Residential Care, (NOS), Waiver	11	4 A	4H	Shared Living – Level 1 Up to 4 people	T2033	UQ		\$61.81	Per diem	
Residential Care, (NOS), Waiver	11	4 A	4H	Shared Living – Level 2 Up to 4 people	T2033	TF	UQ	\$70.09	Per diem	
Residential Care, (NOS), Waiver	11	4 A	4H	Shared Living – Level 3 Up to 4 people	T2033	TG	UQ	\$84.86	Per diem	
Residential Care, (NOS), Waiver	11	4 A	4H	Shared Living – Level 4 Up to 4 people	T2033	U2	UQ	\$111.26	Per diem	

ISSUED: 03/29/23

REPLACED: 03/27/23

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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 Se	rvices					
Respite Care Services	83	83		Respite Care Services- Out of Home	T1005	HQ		\$3.50	15 min	720 hours
			Pers	onal Emergency	Respor	ise Sy	ystem			
Personal Emergency Response System	16	90		Installation	S5160			\$30.00	Install- ation	
Personal Emergency Response System	16	90		Monthly Service Fee	85161			\$27.00	Monthly	

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

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
			Tra	nsportation (Resid	lential	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
	1	1	Α	daptation/Accessil	oility S	ervice	es			1
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	
	<u> </u>	<u> </u>	<u> </u>	Vocational S	ervices		<u> </u>			
Supported Employment	98	98		Supported Employment, Individual Job and Assistance with Micro Enterprise in a 1:1 ratio	H2023	ТТ		\$13.00	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	TT	GT	\$13.63	15 Min	Up to 8 Units per day
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			\$2.88	15 Min	32 Units per Day
Non-Emergency Transportation	13	36		Regular Transportation for Prevocational Services	T2002			\$20.00	Per Day	

LOUISIANA MEDICAID PROGRAM

ISSUED: 03/29/23 REPLACED: 03/27/23

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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	\$3.88	15 Min	

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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
	I		I	Vocational Service	es (con	tinue	d)		L	
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: 2-4 ratio	T2021	UQ		\$3.88	15 Min	Up to 20 Units per day
Non-Emergency Transportation	14	50		Regular Transportation for Day Habilitation	T2002			\$20.00	Per Day	
	1		1	Nursing Se	rvices	I	I		1	
In Home	44	87		LPN-Intermittent				[
Nursing Care by LPN	11	4A	4W	Services (1 person)	G0300			\$71.44	Per visit	
Services of Skilled Nurse In	44	87		LPN-Intermittent						
Home Health Setting	11	4A	4W	Services (up to 4 persons)	G0300	TT		\$35.70	Per visit	
In Home Nursing Care	44	87	4W	LPN-Extended Services	60124					
by LPN	11	4 A	4 W	(1 person)	S9124			\$41.60	Per hour	
In Home	44	87	4337	LPN-Extended Services	60124	TT				
Nursing Care by LPN	11	4 A	4W	(up to 2 persons)	S9124	ТТ		\$20.80	Per Hour	
RN Intermittent	44	87	4557	Nursing RN						
Services	11	4 A	4W	(1 person)	G0299			\$89.51	Per visit	
RN Extended	44	87	4557	Nursing RN	60100	TT				
Services	11	4 A	4W	(up to 2 persons)	S9123	ТТ		\$21.10	Per hour	
RN Extended	44	87	4557	Nursing RN	60100					
Services	11	4 A	4W	(1 person)	S9123			\$44.20	Per hour	
RN Intermittent	44	87	4337	Nursing RN		ТТ				
Services	11	4 A	4W	(up to 4 persons)	G0299	TT		\$44.62	Per visit	

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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
		F	Profess	sional Services (R	legister	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	
			Prof	essional Services	(Speec	h The	erapy	/)		
	39	71		Speech Therapy						
Professional Services	11	4A	4W	Evaluation of Speech Fluency	92521			\$21.00	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			\$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	4 A	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)						
Duofossional	39	71		Speech Therapy Behavioral and						
Professional Services	11	4A	4W	Behavioral and Qualitative Analysis of	92524			\$21.00	15 min	
	84	84		Voice and Resonance						
Professional	39	71		Speech Therapy						
Services	11	4A	4W	(Speech Language Hearing Therapy)	92507			\$21.00	15 min	
	84 39	84 71								
Professional	39 11	4A	4W	Speech Therapy (Laryngeal function	92520					
Services		7/1		(Laryngeal function studies)	12320	1	1	\$21.00	15 min	

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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
		Prof	fession	al Services (Spee	ch The	erapy) con	tinued		
	39	71								
Professional Services	11	4 A	4W	Speech Therapy (Oral function therapy)	92526			\$21.00	15 min	
	84	84								
Professional	39	71		Speech Therapy						
Services	11	4A	4W	(Evaluation for non- speech device RX)	92605			\$21.00	15 min	
	84	84		specen active fait)						
Professional	39 11	71 4A	4W	Speech Therapy	92606					
Services	84	4A 84	4 W	(Non-speech device service)	92000			\$21.00	15 min	
	39	71								
Professional	11	4A	4W	Speech Therapy (Ex for speech device	92607			631 00		
Services	84	84		RX)				\$21.00	15 min	
	39	71		Speech Therapy						
Professional Services	11	4 A	4W	(Evaluate swallowing	92610			\$21.00	15 min	
Services	84	84		function)				\$21.00	15 1111	
Professional	39	71		Same h Thomas						
Services	11	4A	4W	Speech Therapy (Therapeutic activities)	97530	GN		\$2.00	15 min	
	84	84		· · · ·						
Professional	39	71		Speech Therapy	97129	~				
Services	11	4A	4W	(Cognitive skills development)	,,	GN		\$21.00	15 min	
	84	84								
		Pr	ofessi	onal Services (Oc	cupati	onal	Ther	apy)		
Professional	37	74		Occupational Therapy						
Services	11	4 A	4W	(OT Evaluation low	97165			\$44.40	30 min	
	84	84 74	(N.Y.)	complex 30 min)						
Professional Services	37	74 4A	4W	Occupational Therapy (OT Evaluation mod	97166			\$66.60	45 min	
	84	84		complex 45min)	7/100			\$00.00	45 1111	
Professional	37	74	4W	Occupational Therapy						
Services	11 84	4A 84		(OT Evaluation high complex 60 min)	97167			\$88.80	60 min	
	37	74		*						
Professional	11	4A	4W	Occupational Therapy (OT re-evaluation est	071/0			633 00	15	
Services	84	84	1	plan of care)	97168			\$23.00	15 min	
	37	74		Occupational Therapy						
Professional Services	11	4 A	4W	(Application of hot or	97010	GO		\$23.00	15 min	
Services	84	84		cold packs)				\$_0.00	10 1111	
Professional	37 11	74 4A	4W	Occupational Therapy (Application of Traction,	97012	GO			15	
Services	84	4 A 8 4	4 11	(Application of Traction, Mechanical)	97012	60		\$23.00	15 min	

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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
	P	rofess	ional	Services (Occupa	tional '	Thera	apy) (continu	ed	
Professional Services	37 11 84	74 4A 84	4W	Occupational Therapy (Application of electrical stimulation/unattended)	97014	GO		\$23.00	15 min	
Professional Services	37 11	74 4A	4W	Occupational Therapy (Application of paraffin bath)	97018	GO		\$23.00	15 min	
Professional	84 37	84 74		Occupational Therapy	05022					
Services	11 84 37	4A 84 74	4W	(Application of whirlpool)	97022	GO		\$23.00	15 min	
Professional Services	37 11 84	74 4A 84	4W	Occupational Therapy (Application of electrical stimulation/ manual)	97032	GO		\$23.00	15 min	
Professional Services	37 11 84	74 4A 84	4W	Occupational Therapy (Application of iontophoresis)	97033	GO		\$23.00	15 min	
Professional Services	37 11	74 4A	4W	Occupational Therapy (Application of ultrasound)	97035	GO		\$23.00	15 min	
Professional Services	84 37 11 84	84 74 4A 84	4W	Occupational Therapy (OT Therapeutic Procedure)	97110	GO		\$23.00	15 min	
Professional Services	37 11 84	74 4A 84	4W	Occupational Therapy (Massage therapy)	97124	GO		\$23.00	15 min	
Professional Services	37 11 84	74 4A 84	4W	Occupational Therapy (Manual therapy)	97140	GO		\$23.00	15 min	
Professional Services	37 11 84	74 4A 84	4W	Occupational Therapy (Therapeutic activities)	97530	GO		\$23.00	15 min	
Professional Services	37 11 84	74 4A 84	4W	Occupational Therapy (Cognitive skills development)	97129	GO		\$23.00	15 min	
Professional Services	37 11 84	74 4A 84	4W	Occupational Therapy (Wheelchair management)	97542	GO		\$23.00	15 min	

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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
			Profe	ssional Services (Physic	al Th	erap	y)		
Professional	35	65		Physical Therapy						
Services	11	4 A	4W	(PT Evaluation low complex 20 min)	97161			\$29.60	20 min	
Professional	84 35	84 65		• · ·						
Services	11	4A	4W	Physical Therapy (PT Evaluation mod	97162			\$44.40	30 min	
	84	84		complex 30 min)						
Professional Services	35 11	65 4A	4W	Physical Therapy (PT Evaluation high	97163			\$66.60	45 min	
Scivices	84	84	4 **	complex 45 min)	97103			\$00.00	45 1111	
	35	65		Physical Therapy						
Professional Services	11	4 A	4W	(PT re-evaluation est plan	97164			\$23.00	15 min	
	84	84		of care)						
Professional	35	65		Physical Therapy						
Services	11	4A	4W	(Application of hot or cold packs)	97010	GP		\$23.00	15 min	
	84	84		cold pucks)						
Professional	35 11	65 4A	4W	Physical Therapy (Application of traction,	97012	GP				
Services	84	4A 84	4 **	(Application of traction, mechanical)	97012	Gr		\$23.00	15 min	
	35	65								
Professional	11	4A	4W	Physical Therapy (Application of electrical	97014	GP				
Services	84	84		stimulation/ unattended)				\$23.00	15 min	
	35	65		Physical Therapy						
Professional Services	11	4 A	4W	(Application of paraffin	97018	GP		\$23.00	15 min	
Services	84	84		bath)				\$23.00	15 1111	
D	35	65		Physical Therapy						
Professional Services	11	4A	4W	(Application of	97022	GP		\$23.00	15 min	
	84	84		whirlpool)						
Professional	35	65		Physical Therapy		~~				
Services	11	4A	4W	(Application of electrical stimulation/ manual)	97032	GP		\$23.00	15 min	
	84 35	84 65		,						
Professional		05 4A	4W	Physical Therapy (Application of	97033	GP				
Services	84	84		iontophoresis)	97033	01		\$23.00	15 min	
	35	65		DI . 171						
Professional	11	4A	4W	Physical Therapy (Application of	97035	GP		633.00	15 .	
Services	84	84		ultrasound)				\$23.00	15 min	
	35	65								
Professional	11	4 A		Physical Therapy						
Services	84	84	4W	(Therapeutic Procedure)	97110	GP		\$23.00	15 min	

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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
		Prof	ession	al Services (Physi	ical Th	erapy	y) coi	ntinued		
Professional	35	65		Physical Therapy						
Services	11	4 A	4W	(neuromuscular re-education)	97112			\$23.00	15 min	
	84	84		re-education)						
Professional	35	65		Physical Therapy						
Services	11	4A	4W	(Gait training)	97116			\$23.00	15 min	
	84	84			-					
Professional	35	65	4337	Physical Therapy	05124	CD				
Services	11	4A	4W	(Massage therapy)	97124	GP		\$23.00	15 min	
	84	84								
Professional	35 11	65 4A	4W	Physical Therapy	97140	GP				
Services	84	4A 84	4 11	(Manual therapy)	9/140	Gr		\$23.00	15 min	
	35	65								
Professional	11	4A	4W	Physical Therapy	97530	GP				
Services	84	84	•••	(Therapeutic activities)	21000	01		\$23.00	15 min	
	35	65		DI : 171						
Professional	11	4A	4W	Physical Therapy (Wheelchair	97542	GP				
Services	84	84		Management)		_		\$23.00	15 min	
			Pro	ofessional Service	es (Soci	al W	ork)			
	73	73								
Professional	11	4A	4 W	Social Worker	90847	AJ		¢10.00		
Services	84	84		(Family psychotherapy)				\$18.00	15 min	
	73	73								
	11	4A								
Professional Services	84	84	4W	Social Worker (Group psychotherapy)	90853	AJ		\$18.00	15 min	
Services				(Stoup psycholicitapy)				\$10.00	15 1111	
Dave for the l	73	73		Social Worker						
Professional Services	11	4 A	4W	(Self-care Management	97535	AJ		\$18.00	15 min	
	84	84		Training)						
Professional	73	73		Social Worker						
Services	11	4 A	4W	(Community/ Work Reintegration)	97537	AJ		\$18.00	15 min	
	84	84		Kennegration)	ļ					
	73	73		_						
Professional	11	4 A		Social Worker (Home visit assistance						
Services	84	84	4W	w/ADL's and personal care)	99509	AJ		\$18.00	15 min	

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HIPAA CODE NAME	PROVIDERTYPE	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										
	73	73		Social Worker						
Professional Services	11	4 A	4W	(Home Visit, Sing/M/Fam Counseling)	99510	AJ		\$18.00	15 min	
	84	84						• • • • • •	_	
Professional	73	73		Social Worker (Unlisted Home Visit Service or Procedure)	99600	AJ				
Services	11	4 A	4W					\$18.00	15 min	
	84	84								
Professional	73	73	4W	Social Worker (HHCP-SVS of CSW)						
Services	11	4A			G0155			\$18.00	15 min	
	84	84								
Professional Services	73	73	4W	Social Worker (Assertive Community treatment face to face)	H0039					
	11	4A				AJ		\$18.00	15 min	
	84 73	84 73		Social Worker (Mental Health Services, NOS)		AJ				
Professional	11	4A	4W		H0046			\$18.00		
Services	84	84							15 min	
	73	73								
Professional	11	4A	4W	Social Worker (Crisis Intervention)	H2011	AJ				
Services	84	84						\$18.00	15 min	
	73	73		6 . I W I						
Professional	11	4A	4W	Social Worker (Skilled Training and Development)	H2014			¢10.00	15 .	
Services	84	84						\$18.00	15 min	
	73	73	4W	Social Worker (Psychosocial Rehab Services)	H2017	AJ				
Professional Services	11	4A						\$18.00	15 min	
Services	84	84								
	73	73	4W	Social Worker (Therapeutic Behavior Service)				\$18.00 15 min		
Professional Services	11	4 A			H2019	AJ	\$18		15 min	
54 1465	84	84						\$10.00	10 1111	
Professional Services	73	73	4W	Social Worker (Community-based Wrap Around)	H2021	AJ		\$18.00	15 min	
	11	4A								
	84	84								
Professional Services (Psychology)										
Profossional	31	62, 95,96		Psychologist (Interactive Psychological Diagnostic Interview)	90791					
Professional Services	11	4 A						\$31.25	15 min	
	84	84								

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

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

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES

HIPAA CODE NAME	PROVIDERTYPE	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									
	31	62, 95,96	4W	Psychologist (Self-care Management Training)	97535	AH				
Professional Services	11	4A						\$31.25	15 min	
	84	84								
Professional	31	62, 95,96		Psychologist (Community/ Work	97537	АН			15 min	
Services	11	4 A	4W					\$31.25		
	84	84		Reintegration)						
Professional	31	62, 95,96		Psychologist (Home visit for Assistance with ADL's and Personal Care)	99509					
Services	11	4 A	4W			AH	\$31.25	\$31.25	15 min	
	84	84								
Professional	31	62, 95,96	4W	Psychologist (Home Visit, Sing/M/Fam Counseling)				\$31.25 15 min		
Services	11	4 A			99510	AH			15 min	
	84	84								
Professional	31	62, 95,96	4W	Psychologist (Unlisted Home Visit Service or Procedure)	99600	АН				
Services	11	4 A					\$31.25	\$31.25	15 min	
	84	84 62,								-
Professional	31	95,96	4W	Psychologist (Assertive Community Treatment Face to Face)	H0039	AH				
Services	11	4A					\$31.25	15 min		
	84	84 62,								
Professional	31 11	95,96 4A	4W	Psychologist (Mental Health Services, NOS)	H0046	AH		624 6 7		
Services	84	4A 84						\$31.25	15 min	
	31	62, 95,96	4W	Psychologist (Crisis Intervention)	H2011	АН		\$31.25	15 min	
Professional Services	11	4A								
Services	84	84								
	31	62, 95,96	4W	Psychologist (Psychosocial Rehab Services)	H2017					
Professional Services	11	4A				AH		\$31.25	15 min	
501 1105	84	84								
Professional	31	62, 95,96	4W	Psychologist (Therapeutic Behavior Service)	H2019	AH		\$31.25	15 min	
Services	11	4A								
	84	84								
Professional Services	31	62, 95,96	4W	Psychologist (Community-based Wrap Around)	H2021	АН				
	11	4A						\$31.25	15 min	
	84	84								

ISSUED: 03/27/23 **REPLACED:**

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES

PROVIDER TYPE PROVIDER SPEC PROVIDER SUB-SPECIALTY STANDARD UNIT OF SERVICE PROCEDURE CODE **MODIFIER 2** MODIFIER 1 HIPAA ANNUAL SERVICE CODE RATE SERVICE DESCRIPTION NAME LIMITS **Permanent Supportive Housing Supports** 72 units \$15.11 15 Min. Permanent annually AW **Housing Stabilization** G9012 Supportive Housing \$60.44 1 Hour 93 units \$15.11 15 Min. Permanent annually **Housing Stabilization** AW G9012 **U8** Supportive Transition Housing \$60.44 1 Hour Adult Day Health Care (ADHC) Service \$2.78 Rate includes Medical Adult Day Health Care Max 40 provider Rehabilitation 85 35 **4**W Center Based Service S5100 15 min unit per specific **Day Program** (ADHC) day transportation rate **Monitored In-Home Care Giving** T2033 \$90.03 Monitored In-MI 35 Waiver Service - not per Home Care Giving otherwise specified diem Level 1 T2033 TG Monitored In-MI 35 Waiver Service - not \$135.04 per Home Care Giving otherwise specified diem Level 2 T1028 MI 35 TU \$250.00 Monitored In-Assessment one Home Care Giving time

03/29/23