### 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			\$135.99	1 flat monthly	12 annually
	<u> </u>	<u> </u>		Transition F	undin	g			I	
Community Transition Waiver	2	<b>4</b> 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			\$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 I	Home	e Services-Childrei	ı 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	HA	\$57.05	Per diem	
Foster Care	84	84	4W	Host Home Level 3	S5140	TG	HA	\$64.11	Per diem	
Foster Care	84	84	4W	Host Home Level 4	<b>S5140</b>	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	Iome	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	
			Com	panion Care Serv	vices (F	Reside	ential	l)		
Companion Care, Adult	82	82	4W	Companion Care	S5136			\$92.02	Per diem	
				Living Services-N		-	-	<b>-</b> '		
	T	Prov	ider I	Leased or Owned	Reside	nce (	Resic	lential)	[	
Habilitation, Residential	11	4A	4G	Shared Living – Level 1	T2016			\$82.33	Per diem	
Habilitation Residential	11	<b>4</b> A	4G	Shared Living – Level 2	T2016	TF	HQ	\$90.81	Per diem	
Habilitation Residential	11	<b>4</b> A	4G	Shared Living – Level 3	T2016	TG	HQ	\$104.08	Per diem	
Habilitation Residential	11	<b>4</b> A	4G	Shared Living – Level 4	T2016	U2	HQ	\$123.09	Per diem	
			Sh	ared Living-New	(Up to	3 peo	ople)		L	
	]	Partic	ipant	Leased or Owned	l Resid	ence	(Res	idential	)	
Habilitation, Residential	11	<b>4</b> A	4L	Shared Living – Level 1	T2016	НQ		\$82.33	Per diem	
Habilitation Residential	11	<b>4</b> A	4L	Shared Living – Level 2	T2016	TF	HQ	\$90.81	Per diem	

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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
	Dautia	·		ared Living-New (	· -	-			tin u a d	
	Paruc	ipant	Leas	ed or Owned Resi	dence	(Resi	aenu	ai) con	unuea	
Habilitation Residential	11	<b>4</b> A	4L	Shared Living – Level 3	T2016	TG	HQ	\$104.08	Per diem	
Habilitation Residential	11	<b>4</b> A	4L	Shared Living – Level 4	T2016	U2	HQ	\$123.09	Per diem	
Shared	Livin	g-Cor	iversi	on/Provider Leas	ed or (	Owne	d Re	sidence	(Residen	tial)
Residential Care, (NOS), Waiver	11	<b>4</b> 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	4A	4J	Shared Living – Level 3 Up to 4 people	T2033	TG	UQ	\$84.86	Per diem	
Residential Care, (NOS), Waiver	11	<b>4</b> 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 R	esidenc	e (Reside	ential)
Residential Care, (NOS), Waiver	11	<b>4</b> A	4H	Shared Living – Level 1 Up to 4 people	T2033	UQ		\$61.81	Per diem	
Residential Care, (NOS), Waiver	11	<b>4</b> A	4Н	Shared Living – Level 2 Up to 4 people	T2033	TF	UQ	\$70.09	Per diem	
Residential Care, (NOS), Waiver	11	4A	4H	Shared Living – Level 3 Up to 4 people	T2033	TG	UQ	\$84.86	Per diem	
Residential Care, (NOS), Waiver	11	<b>4</b> A	4H	Shared Living – Level 4 Up to 4 people	T2033	U2	UQ	\$111.26	Per diem	

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				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	ysten	1		
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	

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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
			Tra	nsportation (Resid	lential	Servi	ces)			
Transportation	42	4X	4W	Transportation Regular -	Z5177			\$5.58	One-way	730
Local Trip		<b>4</b> A		(Comm Access)				<i>Q</i> eleo	one may	
Transportation –Local Trip (W/C)	42	4X 4A	4W	<b>Transportation</b> <b>Wheel chair –</b> (Comm Access)	Z5186			\$9.32	One-way	730
			A	daptation/Accessil	oility S	ervic	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	Z0620				Per Service	
				Vocational S	ervices					
Supported Employment	98	98		Supported Employment, Individual Job and Assistance with Micro Enterprise	H2023	TT		\$13.00	15 min	Up to 8 Units per day
Supported Employment	98	98		Supported Employment Virtual Individual Job Follow Along 1:1	H2023	ТТ	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	T2003	SE		\$6.00	One way	
Non-Emergency Transportation	98	98		Wheel chair Transportation for Supported Employment Services	A0130	SE		\$10.00	One way	
Habilitation, Prevocational	13	36		Pre-Vocational	T2025			\$2.88	15 Min	32 Units per Day
Non-Emergency Transportation	13	36		Regular Transportation for Prevocational Services	T2003			\$6.00	One way	10 units per week

### LOUISIANA MEDICAID PROGRAM

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Habilitation, Prevocational	13	36	Virtual Pre-Vocational Typical Job Preparedness Activities 1:8	T2025	GT	\$2.98	15 Min	Up to 20 Units per day
Habilitation, Prevocational	13	36	Prevocational Services Small Group Communit 1:3/4	y T2025	UQ	\$3.88	15 Min	Up to 20 Units per day

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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
			V	ocational Service	es (con	tinue	d)			
Non-Emergency Transportation	13	36		Wheel chair Transportation for Prevocational Services	A0130			\$10.00	One way	10 units per week
Day Habilitation	14	50		Day Habilitation	T2021			\$2.48	15 Min	32 Units per Day
Day Habilitation	14	50		Virtual Day Habilitation Typical Community Life Engagement Activities 1:8	T2021	GT		\$2.98	15 Min	Up to 20 Units per day
Day Habilitation	14	50		Day Habilitation Small Group Community 1:3/4	T2021	UQ		\$3.88	15 Min	Up to 20 Units per day
Non-Emergency Transportation	14	50		Regular Transportation for Day Habilitation	T2003	U6		\$6.00	One way	10 units per week
Non-Emergency Transportation	14	50		Wheel chair Transportation for Day Habilitation	A0130	U6		\$10.00	One way	10 units per week
				Nursing Se	rvices					
In Home	44	87		LPN-Intermittent						
Nursing Care by LPN	11	<b>4</b> A	4W	Services (1 person)	G0300			\$71.44	Per visit	
Services of Skilled Nurse In	44	87	4W	LPN-Intermittent Services						
Home Health Setting	11	<b>4</b> A	• • •	(up to 4 persons)	G0300	TT		\$35.70	Per visit	
In Home	44	87	4337	LPN-Extended Services	60104					
Nursing Care by LPN	11	4A	4W	(1 person)	S9124			\$41.60	Per hour	
In Home	44	87	4557	LPN-Extended Services	60124	тт				
Nursing Care by LPN	11	4A	<b>4W</b>	(up to 2 persons)	S9124	ТТ		\$20.80	Per Hour	
RN Intermittent	44	87	A337	Nursing RN						
Services	11	<b>4</b> A	4W	(1 person)	G0299			\$89.51	Per visit	
RN Extended	44	87	4557	Nursing RN	60102	тт				
Services	11	<b>4</b> A	4W	(up to 2 persons)	S9123	TT		\$21.10	Per hour	
RN Extended	44	87	4W	Nursing RN	<b>S9123</b>					
Services	11	<b>4</b> A	-+ VV	(1 person)	37123			\$44.20	Per hour	
<b>RN Intermittent</b>	44	87	4W	Nursing RN		ТТ				
Services	11	<b>4</b> A	F 7 7	(up to 4 persons)	G0299			\$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
		Р	rofess	ional Services (R	egister	ed D	ietici	an)		
Professional Services	41,11, 84	4R	4W	<b>Registered Dietician</b> (Individual)	97802			\$9.00	15 min	
Professional Services	41,11, 84	4R	4W	<b>Registered Dietician</b> (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	(Speec	h The	erapy	<b>/)</b>		
	39	71		Speech Therapy						
Professional Services	11	<b>4</b> A	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	<b>4</b> A	4W	sound production (e.g. articulation,	92522			\$21.00	15 min	
	84	84	-	phonological process, apraxia, dysarthria)				\$2100		
	39	71		Speech Therapy Evaluation of Speech Sound Production (e.g., articulation,						
Professional Services	11	<b>4</b> 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)						
	39	71		Speech Therapy						
Professional Services	11	<b>4</b> A	4W	Behavioral and Qualitative Analysis of	92524			\$21.00	15 min	
	84	84		Voice and Resonance						
Professional	39	71		Speech Therapy	00505					
Services	11	4A	4W	(Speech Language Hearing Therapy)	92507			\$21.00	15 min	
	84 39	84 71								
Professional	11	4A	4W	Speech Therapy (Laryngeal function	92520					
Services	84	84		studies)				\$21.00	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 (Spee	ch The	erapy	) con	tinued		
	39	71								
Professional Services	11	<b>4</b> A	<b>4W</b>	<b>Speech Therapy</b> (Oral function therapy)	92526			\$21.00	15 min	
	84	84		( 15)				• • • • • • • • • • • • • • • • • • • •	-	
Professional	39	71		Speech Therapy						
Services	11	<b>4</b> A	4W	(Evaluation for non- speech device RX )	92605			\$21.00	15 min	
	84	84		speech device KX )						
Professional	39	71		Speech Therapy	0000					
Services	11	4A	4W	(Non-speech device service)	92606			\$21.00	15 min	
	84 39	84 71								
Professional	11	4A	4W	Speech Therapy (Ex for speech device	92607					
Services	84	84		RX)	92007			\$21.00	15 min	
	39	71								
Professional	11	4A	4W	Speech Therapy (Evaluate swallowing	92610					
Services	84	84		function)				\$21.00	15 min	
	39	71								
Professional Services	11	4A	<b>4W</b>	<b>Speech Therapy</b> (Therapeutic activities)	97530	GN		\$2.00	15 min	
Services	84	84		(Therapeutic activities)				\$2.00	15 1111	
	39	71		Speech Therapy	05100					
Professional Services	11	<b>4</b> A	<b>4W</b>	(Cognitive skills	97129	GN		\$21.00	15 min	
	84	84		development)				• • • • • •	_	
		Pr	ofessi	onal Services (Oc	cupati	onal	Ther	apy)		
	37	74		Occupational Therapy						
Professional Services	11	4A	<b>4W</b>	(OT Evaluation low	97165			\$44.40	30 min	
Services	84	84		complex 30 min)	7/105			<b>\$11.10</b>	50 mm	
Professional	37	74	4W	Occupational Therapy						
Services	11 84	4A 84		(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 37	84 74		complex 60 min)						
Professional	37 11	74 4A	4W	Occupational Therapy (OT re-evaluation est						
Services	84	4A 84	-1 11	plan of care)	97168			\$23.00	15 min	
	37	74		0 ( 171						
Professional	11	4A	4W	Occupational Therapy (Application of hot or	97010	GO		<b>633</b> 66	15 .	
Services	84	84		cold packs)				\$23.00	15 min	
	27	74		Occupational Therapy	1					
Professional	37 11	4A	<b>4</b> W	(Application of Traction,	97012	GO			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
	Pı	ofessi	ional S	Services (Occupat	tional '	Thera	apy) (	continu	ed	
Professional	37	74	4337	Occupational Therapy	05014					
Services	11 84	4A 84	4W	(Application of electrical stimulation/ unattended)	97014	GO		\$23.00	15 min	
	37	74		,						
Professional	11	4A	4W	<b>Occupational Therapy</b> (Application of paraffin	97018	GO				
Services	84	84		bath)				\$23.00	15 min	
	37	74		Occupational Therapy						
Professional Services	11	4A	<b>4</b> W	(Application of	97022	GO		£22.00	15 min	
Services	84	84		whirlpool)				\$23.00	15 1111	
	37	74		Occupational Therapy						
Professional Services	11	4A	<b>4</b> W	(Application of electrical	97032	GO		\$23.00	15 min	
Services	84	84		stimulation/ manual)				\$23.00	15 1111	
	37	74		Occupational Therapy						
Professional Services	11	<b>4</b> A	4W	(Application of	97033	GO		\$23.00	15 min	
Services	84	84		iontophoresis)				\$-0100	10	
D.C. 1	37	74		Occupational Therapy						
Professional Services	11	<b>4</b> A	4W	(Application of	97035	GO		\$23.00	15 min	
	84	84		ultrasound)						
Ducfossional	37	74		<b>Occupational Therapy</b>						
Professional Services	11	4A	<b>4W</b>	(OT Therapeutic	97110	GO		\$23.00	15 min	
	84	84		Procedure)						
Professional	37	74		Occupational Therapy						
Services	11	<b>4</b> A	4W	(Massage therapy)	97124	GO		\$23.00	15 min	
	84	84		,						
Professional	37	74		Occupational Therapy						
Services	11	4A	4W	(Manual therapy)	97140	GO		\$23.00	15 min	
	84	84								
Professional	37	74		Occupational Therapy	0					
Services	11	4A	4W	(Therapeutic activities)	97530	GO		\$23.00	15 min	
	84	84								
Professional	37	74	4337	Occupational Therapy		60				
Services	11	4A	4W	(Cognitive skills development)	97129	GO		\$23.00	15 min	
	84	84		1 /						
Professional	37	74	4337	Occupational Therapy	07542	60				
Services	11	4A	4W	(Wheelchair management)	97542	GO		\$23.00	15 min	
	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	ssional Services (	Physic	al Th	erap	y)		
	35	65		Physical Therapy						
Professional Services	11	<b>4</b> A	<b>4W</b>	(PT Evaluation low	97161			\$29.60	20 min	
	84	84		complex 20 min)						
Professional Services	35	65		Physical Therapy				<b>64440</b>		
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	4W	(PT Evaluation high	97163			\$66.60	45 min	
	84 35	84 65		complex 45 min )						
Professional	11	4A	4W	Physical Therapy (PT re-evaluation est plan						
Services	84	84	4.00	of care)	97164			\$23.00	15 min	
	35	65								
Professional	11	4A	4W	<b>Physical Therapy</b> (Application of hot or	97010	GP				
Services	84	84	•••	cold packs)	27010	01		\$23.00	15 min	
	35	65								
Professional	11	4A	4W	<b>Physical Therapy</b> (Application of traction,	97012	GP				
Services	84	84		mechanical)				\$23.00	15 min	
	35	65		Physical Therapy						
Professional	11	4A	4W	(Application of electrical	97014	GP		£22.00	15	
Services	84	84		stimulation/ unattended)				\$23.00	15 min	
	35	65		Physical Therapy						
Professional Services	11	4A	<b>4</b> W	(Application of paraffin	97018	GP		\$23.00	15 min	
Services	84	84		bath)				\$25.00	15 mm	
	35	65		Physical Therapy						
Professional Services	11	<b>4</b> A	<b>4W</b>	(Application of	97022	GP		\$23.00	15 min	
Services	84	84		whirlpool)				<b>\$20.</b> 00	10 1111	
D.C. 1	35	65		Physical Therapy						
Professional Services	11	<b>4</b> A	4W	(Application of electrical	97032	GP		\$23.00	15 min	
	84	84		stimulation/ manual)						
Professional	35	65	-	Physical Therapy						
Services	11	<b>4</b> A	4W	(Application of	97033	GP		\$23.00	15 min	
	84	84		iontophoresis)						
Professional	35	65		Physical Therapy						
Services	11	<b>4</b> A	4W	(Application of ultrasound)	97035	GP		\$23.00	15 min	
	84	84		unrasounaj						
	35	65								
Professional Services	11	4A	4W	<b>Physical Therapy</b> (Therapeutic Procedure)	97110	GP		\$23.00	15 min	
	84	84								

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	-	Profe	essiona	al Services (Physi	ical Th	erapy	y) coi	ntinued		
Professional	35	65		Physical Therapy						
Services	11	<b>4</b> 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	07124	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)	1.000	01		\$23.00	15 min	
	35	65		Dhanda al Thanana						
Professional	11	4A	4W	Physical Therapy (Wheelchair	97542	GP		622.00		
Services	84	84		Management)				\$23.00	15 min	
			Pro	ofessional Service	es (Soci	al W	ork)			
	73	73					,			
Professional	11	4A	4W	Social Worker	90847	AJ				
Services	84	84		(Family psychotherapy)	20017			\$18.00	15 min	
	73	73								
	11	4A								
Professional Services	84	84	4W	Social Worker	90853	AJ		\$18.00	15 min	
Services				(Group psychotherapy)				\$10.00	15 mm	
Professional	73	73		Social Worker						
Services	11	<b>4</b> A	4W	(Self-care Management Training)	97535	AJ		\$18.00	15 min	
	84	84		i iaiiiiig)						
Professional	73	73		Social Worker	0====					
Services	11	4A	4W	(Community/ Work Reintegration)	97537	AJ		\$18.00	15 min	
	84	84 73								
	73	73	-	Social Workor						
Professional	11	4A	4557	Social Worker (Home visit assistance	00500					
Services	84	84	4W	w/ADL's and personal care)	99509	AJ		\$18.00	15 min	

### **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 (Social Work) continued											
Professional	73	73	4W	Social Worker (Home Visit,								
Services	11	4A			99510	AJ		\$18.00	15 min			
	84	84		Sing/M/Fam Counseling)								
Professional	73	73		Social Worker								
Services	11	<b>4</b> A	4W	(Unlisted Home Visit Service or Procedure)	99600	AJ	\$18.00	\$18.00	15 min			
	84	84		Service of Trocedure)								
Professional	73	73		Social Worker (HHCP-SVS of CSW)	~~~~							
Services	11	4A	4W		G0155			\$18.00	15 min			
	84	84										
Professional	73	73	4W	Social Worker (Assertive Community treatment face to face)	H0039	AJ						
Services	11 84	4A						\$18.00	15 min			
	73	84 73		,								
Professional	11	4A	4W	Social Worker (Mental Health Services, 1 NOS)	H0046	AJ						
Services	84	84						\$18.00	15 min			
	73	73		Social Worker (Crisis Intervention)	H2011	AJ						
Professional	11	4A	4W					\$18.00	15 min			
Services	84	84										
	73	73										
Professional	11	4A	4W	Social Worker (Skilled Training and	H2014			\$18.00	15 min			
Services	84	84		Development)								
	73	73		Social Worker								
Professional	11	4A	<b>4W</b>	(Psychosocial Rehab	H2017	AJ		Ø10 00	15 .			
Services	84	84	1	Services)				\$18.00	15 min			
	73	73		Social Worker								
Professional Services	11	4A	<b>4W</b>	(Therapeutic Behavior	H2019	AJ		\$18.00	15 min			
SUMUCS	84	84		Service)					15 1111			
Professional Services	73	73		Social Worker								
	11	<b>4</b> A	4W	(Community-based Wrap	H2021	AJ		\$18.00	15 min			
Services	84	84		Around)					10 1111			
Professional Services (Psychology)												
Professional	31	62, 95,96		Psychologist								
Professional Services	11	4A		(Interactive Psychological Diagnostic	90791			\$31.25	15 min			
	84	84	1	Interview)				*** ***				

REPLACED:

# **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		Psychologist (Individual							
Professional Services	11	4A	<b>4</b> W		90832			\$31.25	15 min		
	84	84		Psychotherapy)	,			\$011 <u>-</u> 0	10		
Professional	31	62, 95,96		<b>Psychologist</b> (Family therapy without patient present)	90846						
Services	11	4A	<b>4W</b>		20040		\$31.2	\$31.25	15 min		
	84	84									
Professional	31	62, 95,96	4W	<b>Psychologist</b> (Special Family Therapy w/ patient)	90847	AH					
Services	11	4A					\$31.2	\$31.25	15 min		
	84	84									
Professional	31	62, 95,96	4W	Psychologist (Group Psychotherapy)	90853	AH					
Services	11	<b>4</b> A					\$31.25	\$31.25	15 min		
	84	84									
Professional	31	62, 95,96	4W	<b>Psychologist</b> (Pharmacologic Management)	90863						
Services	11	4A						\$31.25	15 min		
	84	84									
Professional	31	62, 95,96	<b>4</b> W	<b>Psychologist</b> (Psychological Testing by							
Services	11	4A	4 W	Psychologist	96130			\$31.25	15 min		
	84	84 62,		-							
Professional	31	95,96	4W	<b>Psychologist</b> (Psychological Testing by Tech)	96138						
Services	11	4A						\$31.25	15 min		
	84 31	84 62,		<b>N I I I I I</b>							
Professional	11	95,96 4A	<b>4</b> W	Psychologist (Neuropsychological testing)	96132			631.35	15 .		
Services	84	4A 84						\$31.25	15 min		
	04	04	l								

## **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
		Pı	rofessi	onal Services (Ps	<u>ycholo</u>	gy) c	ontin	ued		
	31	62, 95,96	4W	Psychologist	97535					
Professional Services	11	4A		(Self-care Management Training)		AH		\$31.25	15 min	
	84	84		Training)						
Professional	31	62, 95,96		Psychologist						
Services	11	4A	4W	(Community/ Work Reintegration)	97537	AH		\$31.25	15 min	
	84	84								
Professional	31	62, 95,96	4337	<b>Psychologist</b> (Home visit for Assistance with ADL's and Personal Care)	00500					
Services	11	4A	4W		99509	AH		\$31.25	15 min	
	84	84								
Professional	31	62, 95,96	4W	Psychologist (Home Visit, Sing/M/Fam Counseling)	99510	АН				
Services	11 84	4A 84						\$31.25	15 min	
	-	62,								
Professional	31 11	95,96 4A	4W	<b>Psychologist</b> (Unlisted Home Visit Service or Procedure)	99600	АН		#21.25	15 .	
Services	84	4A 84						\$31.25	15 min	
	31	62, 95,96	4W	Psychologist						
Professional Services	11	4A		(Assertive Community Treatment Face to Face)	H0039	AH	\$31.25	\$31.25	15 min	
	84	84								
Professional	31	62, 95,96	4W	Psychologist (Mental Health Services, NOS)	H0046	AH				
Services	11	<b>4</b> A						\$31.25	15 min	
	84	84								
Professional	31	62, 95,96		Psychologist	H2011	AH				
Services	11	4A	4W	(Crisis Intervention)		AII		\$31.25	15 min	
	84 31	84 62,								
Professional	11	95,96 4A	<b>4</b> W	Psychologist (Psychosocial Rehab	H2017	AH		\$31.25	15 min	
Services	84	4A 84		Services)						
	31	62, 95,96		<b>Psychologist</b> (Therapeutic Behavior						
Professional Services	11	95,96 4A	4W		H2019 AH	AH		\$31.25	15 min	
Sei vices	84	84		Service)			Φ31.43	15 1111		
Duofostant	31	62, 95,96		Psychologist		АН				
Professional Services	11 84	4A 84	4W	(Community-based Wrap Around)	H2021			\$31.25	15 min	
	04	04					L	<u> </u>	L	

### **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						
				Dental Se	rvices											
Dental	27	19, 66, 67, 68		<b>Dental</b> (Periodic Oral Examination, Patient of Record)	D0120			\$32.06	Per procedure							
Dental	27	19, 66, 67, 68		<b>Dental</b> (Comprehensive Oral Examination, New Patient)	D0150			\$55.37	Per procedure							
Dental	27	19, 66, 67, 68		Dental (Radiographs, Complete Series including Bitewings)	D0210			\$70.15	Per procedure							
Dental	27	19, 66, 67, 68		<b>Dental</b> (Prophylaxis-Adult)	D1110			\$54.64	Per procedure							
		]	Perma	anent Supportive	Housi	ng Su	ippo	rts								
Permanent Supportive	AW			Housing Stabilization	Z0648			\$15.11	15 Min.	72 units annually						
Housing										0				\$60.44	1 Hour	
Permanent		A 334		Housing Stabilization				\$15.11	15 Min.	93 units annually						
Supportive Housing	AW			Transition	Z0649			\$60.44	1 Hour							
			Adult	t Day Health Car	e (ADI	IC) S	Servi	ce								
Medical Rehabilitation Day Program	85	35	4W	Adult Day Health Care Center Based Service (ADHC)	S5100			\$2.78 Rate include provider specific transportatio rate	15 min	Max 40 unit per day						
			Mo	onitored In-Hon	ne Car	e Gi	ving									
Monitored In- Home Care Giving	MI	35		Waiver Service - not otherwise specified Level 1	T2033			\$59.60	per diem							
Monitored In- Home Care Giving	MI	35		Waiver Service - not otherwise specified Level 2	T2033	TG		\$89.40	per diem							
Monitored In- Home Care Giving	MI	35		Assessment	T1028	TU		\$250.00	one time							