CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES PAGE(S) 16

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
				Transition F	undin	g				
Community Transition Waiver	2	4A		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			\$4.00	15 min	
Attendant Care Services	82	82	4W	Community Living Supports – 2 Persons	S5125	UN		\$3.00	15 min	
Attendant Care Services	82	82	4W	Community Living Supports – 3 persons	S5125	UP		\$2.50	15 min	
		Host 1	Home	Services-Children	ı unde	r 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	

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

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	18 and	over	(Resi	idential)	
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	npanion Care Serv	vices (F	Resid	ential	l)		
Companion Care, Adult	82	82	4W	Companion Care	S5136			\$92.02	Per diem	
				Living Services-N		_	_			
	1	Prov	ider I	Leased or Owned	Reside	nce (Resid	lential)		
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	d Resid	ence	(Res	idential)	
Habilitation, Residential	11	4A	4L	Shared Living – Level 1	T2016	НQ		\$82.33	Per diem	
Habilitation Residential	11	4A	4L	Shared Living – Level 2	T2016	TF	НQ	\$90.81	Per diem	

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

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	eipant		ared Living-New of the control of th	` -	_	- 1	al) con	tinued	
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	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	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 R	esidenc	e (Reside	ential)
Residential Care, (NOS), Waiver	11	4A	4Н	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	

ISSUED: 04/20/21 REPLACED: 07/21/20

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

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	Respon	ise S	ystem	ì		
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	

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

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)	Z5177			\$5.58	One-way	730
Transportation -Local Trip (W/C)	42	4X 4A	4W	Transportation Wheel chair – (Comm Access)	Z5186			\$9.32	One-way	730
(W/C)			A	daptation/Accessil	oility S	ervic	es			
		1					- ~		T	T
Assistive Technology/ Specialized Medical Equipment	17	91		Assistive Technology Specialized Medical Equip. and Supplies	Т2029				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 So	ervices		Į.			
Supported Employment	98	98		Supported Employment, Individual Job and Assistance with Micro Enterprise	H2023	ТТ		\$13.00	15 min	
Supported Employment	98	98		Supported Employment Virtual Individual Job Follow Along 1:1	H2023	тт	GT	\$13.00	15 Min	Up to 8 Units per day
Supported Employment	98	98		Supported Employment, Mobile Crew or Enclave	H2026			\$2.60	15 Min	
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			\$2.25	15 Min	
Non-Emergency Transportation	13	36		Regular Transportation for Prevocational Services	T2003			\$6.00	One way	10 units per week

ISSUED: 04/20/21 REPLACED: 07/21/20

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

Habilitation, Prevocational	13	36	Virtual Pre-Vocational Typical Job Preparedness Activities 1:8	T2025	GT	\$2.35	15 Min	Up to 20 Units per day
Habilitation, Prevocational	13	36	Prevocational Services Small Group Community 1:3/4	T2025	UQ	\$3.25	15 Min	Up to 20 Units per day

ISSUED: 04/20/21 REPLACED: 07/21/20

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

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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			\$10.00	One way	10 units per week
Day Habilitation	14	50		Day Habilitation	T2021			\$1.85	15 Min	
Day Habilitation	14	50		Virtual Day Habilitation Typical Community Life Engagement Activities 1:8	T2021	GT		\$2.35	15 Min	Up to 20 Units per day
Day Habilitation	14	50		Day Habilitation Small Group Community 1:3/4	T2021	UQ		\$3.25	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	4A	4W	Services (1 person)	G0300			\$54.92	Per visit	
Services of	44	87		LPN-Intermittent						
Skilled Nurse In Home Health	11	4A	4W	Services (up to 4 persons)	G0300	TT		\$27.46	Per visit	
Setting In Home	44	87		LPN-Extended Services						
Nursing Care by LPN	11	4A	4W	(1 person)	S9124			\$32.00	Per hour	
In Home	44	87		LPN-Extended Services						
Nursing Care by LPN	11	4A	4W	(up to 2 persons)	S9124	TT		\$16.00	Per Hour	
RN Intermittent	44	87		Nursing RN						
Services	11	4A	4W	(1 person)	G0299			\$68.85	Per visit	
RN Extended	44	87	4337	Nursing RN	S9123	TT				
Services	11	4A	4W	(up to 2 persons)	57125	TT		\$17.00	Per hour	
RN Extended	44	87	4W	Nursing RN	S9123					
Services	11	4A	777	(1 person)	57125			\$34.00	Per hour	
RN Intermittent	44	87	4W	Nursing RN	C0200	TT		¢24 22	Don wisit	
Services	11	4A		(up to 4 persons)	G0299			\$34.32	Per visit	

ISSUED: 04/20/21 REPLACED: 07/21/20

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

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 (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	(Speec	h The	erapy	y)		
	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	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)						
Duofoa-i1	39	71		Speech Therapy						
Professional Services	11	4A	4W	Behavioral and Qualitative Analysis of	92524			\$21.00	15 min	
	84	84		Voice and Resonance						
Professional	39	71	4887	Speech Therapy	02505					
Services	11	4A	4W	(Speech Language Hearing Therapy)	92507			\$21.00	15 min	
	84 39	71		0 177						
Professional	11	4A	4W	Speech Therapy (Laryngeal function	92520					
Services	84	84	1 .,,	studies)	72320			\$21.00	15 min	

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

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	4A	4W	Speech Therapy (Oral function therapy)	92526			\$21.00	15 min	
Services	84	84		(Oral function merapy)				\$21.00	13 11111	
	39	71		Speech Therapy						
Professional Services	11	4A	4W	(Evaluation for non-	92605			\$21.00	15 min	
Services	84	84		speech device RX)				\$21.00	13 11111	
	39	71		Speech Therapy						
Professional Services	11	4A	4W	(Non-speech device	92606			\$21.00	15 min	
Services	84	84		service)				\$21.00	13 11111	
	39	71		Speech Therapy						
Professional Services	11	4A	4W	(Ex for speech device	92607			\$21.00	15 min	
Services	84	84		RX)				\$21.00	13 11111	
	39	71		Speech Therapy						
Professional Services	11	4A	4W	(Evaluate swallowing	92610			\$21.00	15 min	
Services	84	84		function)				\$21.00	13 11111	
	39	71								
Professional Services	11	4A	4W	Speech Therapy (Therapeutic activities)	97530	GN		\$2.00	15 min	
Services	84	84		(Therapeutic activities)				\$2.00	13 11111	
	39	71		Speech Therapy						
Professional Services	11	4A	4W	(Cognitive skills	97129	GN		\$21.00	15 min	
Services	84	84		development)				\$21.00	13 11111	
		Pr	ofessi	onal Services (Oc	cupati	onal	Ther	apy)		
	37	74			1					
Professional	11	4A	4W	Occupational Therapy (OT Evaluation low						
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	
D 6 : :	84	84	4777	complex 45min)						
Professional Services	37 11	74 4A	4W	Occupational Therapy (OT Evaluation high	97167			\$88.80	60 min	
22.1003	84	84	1	complex 60 min)	7,107			900.00	OU IIIII	
	37	74		Occupational Therapy		İ				
Professional	11	4A	4W	(OT re-evaluation est	07169			g22 00	15	
Services	84	84		plan of care)	97168			\$23.00	15 min	
	37	74		Occupational Therapy						
Professional	11	4A	4W	(Application of hot or	97010	GO		g22 00	15	
Services	84	84		cold packs)	1			\$23.00	15 min	
Professional	37	74		Occupational Therapy						
Services	11	4A	4W	(Application of Traction,	97012	GO		\$23.00	15 min	
	84	84		Mechanical)	<u> </u>	<u> </u>	<u> </u>	<u> </u>		

ISSUED: 04/20/21 REPLACED: 07/21/20

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

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	rofessi	ional S	Services (Occupat	tional '	Thera	apy)	continu	ed	
Professional	37	74	444.	Occupational Therapy	0=014					
Services	11 84	4A 84	4W	(Application of electrical stimulation/ unattended)	97014	GO		\$23.00	15 min	
	37	74		,						
Professional	11	4A	4W	Occupational Therapy (Application of paraffin	97018	GO				
Services	84	84		bath)	7,010			\$23.00	15 min	
	37	74		0 4 17						
Professional	11	4A	4W	Occupational Therapy (Application of	97022	GO			4.	
Services	84	84		whirlpool)				\$23.00	15 min	
	37	74		Occupational Therapy						
Professional	11	4A	4W	(Application of electrical	97032	GO		622.00	15 .	
Services	84	84		stimulation/ manual)				\$23.00	15 min	
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of	97033	GO		\$23.00	15 min	
Services	84	84		iontophoresis)				\$23.00	15 11111	
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of	97035	GO		\$23.00	15 min	
Services	84	84		ultrasound)						
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(OT Therapeutic	97110	GO		\$23.00	15 min	
Services	84	84		Procedure)				\$23.00	13 11111	
	37	74								
Professional Services	11	4A	4W	Occupational Therapy (Massage therapy)	97124	GO		\$23.00	15 min	
Services	84	84		(Wassage merapy)				\$25.00	13 11111	
	37	74								
Professional Services	11	4A	4W	Occupational Therapy (Manual therapy)	97140	GO		\$23.00	15 min	
Services	84	84		(Hanaur arerapy)				\$20.00	10	
D C : 1	37	74		0 4 170						
Professional Services	11	4A	4W	Occupational Therapy (Therapeutic activities)	97530	GO		\$23.00	15 min	
~	84	84		(
Df	37	74]	Occupational Therapy						
Professional Services	11	4A	4W	(Cognitive skills	97129	GO		\$23.00	15 min	
	84	84		development)						
Duofog-i1	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Wheelchair	97542	GO		\$23.00	15 min	
	84	84		management)						

ISSUED: 04/20/21 REPLACED: 07/21/20

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

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	4A	4W	(PT Evaluation low	97161			\$29.60	20 min	
Services	84	84		complex 20 min)	7/101			\$27.00	20 11111	
Professional	35	65		Physical Therapy						
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	84		complex 45 min)						
Professional	35	65		Physical Therapy						
Services	11	4A	4W	(PT re-evaluation est plan of care)	97164			\$23.00	15 min	
	84	84		or 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 packs)						
Professional	35	65		Physical Therapy						
Services	11	4A	4W	(Application of traction, mechanical)	97012	GP		\$23.00	15 min	
	84	84		mechanicar)						
Professional	35	65		Physical Therapy						
Services	11	4A	4W	(Application of electrical stimulation/ unattended)	97014	GP		\$23.00	15 min	
	84	84		stillulation/ unattended)						
Professional	35	65		Physical Therapy						
Services	11	4A	4W	(Application of paraffin bath)	97018	GP		\$23.00	15 min	
	84	84		oain)						
Professional	35	65		Physical Therapy						
Services	11	4A	4W	(Application of whirlpool)	97022	GP		\$23.00	15 min	
	84	84		wiiiipooi)						
Professional	35	65		Physical Therapy						
Services	11	4A	4W	(Application of electrical stimulation/ manual)	97032	GP		\$23.00	15 min	
	84	84		Stillulation/ illalidar)						
Professional	35	65		Physical Therapy						
Services	11	4A	4W	(Application of iontophoresis)	97033	GP		\$23.00	15 min	
	84	84		iontophoresis)						
Professional	35	65		Physical Therapy						
Services	11	4A	4W	(Application of ultrasound)	97035	GP		\$23.00	15 min	
	84	84		unrasouna)						
	35	65								
Professional	11	4A	4W	Physical Therapy	97110	GP				
Services	84	84	7 **	(Therapeutic Procedure)	9/110	Gr		\$23.00	15 min	

ISSUED: 04/20/21 REPLACED: 07/21/20

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

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	ical Th	erapy	y) coi	ntinued		
Professional	35	65		Physical Therapy						
Services	11	4A	4W	(neuromuscular re-education)	97112			\$23.00	15 min	
	84	84		re-education)						
Professional	35	65	4887	Physical Therapy	07116					
Services	11 84	4A 84	4W	(Gait training)	97116			\$23.00	15 min	
	35	65								
Professional	11	4A	4W	Physical Therapy	97124	GP				
Services	84	84	1	(Massage therapy)				\$23.00	15 min	
	35	65								
Professional Services	11	4A	4W	Physical Therapy (Manual therapy)	97140	GP		\$23.00	15 min	
Services	84	84	1	(Manual merapy)				\$23.00	13 11111	
	35	65		D						
Professional Services	11	4A	4W	Physical Therapy (Therapeutic activities)	97530	GP		\$23.00	15 min	
	84	84		(1 /						
Professional	35	65		Physical Therapy						
Services	11	4A	4W	(Wheelchair Management)	97542	GP		\$23.00	15 min	
	84	84		Wanagement)						
			Pro	ofessional Service	es (Soci	al W	ork)			
	73	73		2						
Professional Services	11	4A	4W	Social Worker (Family psychotherapy)	90847	AJ		\$18.00	15 min	
	84	84		()1) 1)/						
	73	73								
Professional	11	4A		Social Worker						
Services	84	84	4W	(Group psychotherapy)	90853	AJ		\$18.00	15 min	
	73	73								
Professional	11	4A	4W	Social Worker (Self-care Management	97535	AJ				
Services	84	84	7 **	Training)	91333	AU		\$18.00	15 min	
	73	73		6 . 187 .						
Professional	11	4A	4W	Social Worker (Community/ Work	97537	AJ		010.00		
Services	84	84	1	Reintegration)				\$18.00	15 min	
	73	73								
	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	

ISSUED: 04/20/21 REPLACED: 07/21/20

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

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		Social Worker							
Services	11	4A	4W	(Home Visit,	99510	AJ		\$18.00	15 min		
	84	84		Sing/M/Fam Counseling)							
Professional	73	73		Social Worker							
Services	11	4A	4W	(Unlisted Home Visit	99600	AJ		\$18.00	15 min		
	84	84		Service or Procedure)							
Professional	73	73		Social Worker							
Services	11	4A	4W	(HHCP-SVS of CSW)	G0155			\$18.00	15 min		
	84	84									
Professional	73	73	4W	Social Worker (Assertive Community treatment face to face)	H0039						
Services	11	4A				AJ		\$18.00	15 min		
	84	84									
Professional	73	73	4W	Social Worker (Mental Health Services, NOS)	H0046						
Services	11	4A				AJ		\$18.00	15 min		
	84	84		1103)							
Professional	73	73	4W	Social Worker (Crisis Intervention)	H2011	AJ					
Services	11	4A					\$18.00	\$18.00	15 min		
	84	84									
Professional	73	73	4W	Social Worker (Skilled Training and Development)	H2014						
Services	11	4A						\$18.00	15 min		
	84	84									
Professional	73	73		Social Worker	H2017						
Services	11	4A	4W	(Psychosocial Rehab Services)		AJ		\$18.00	15 min		
	84	84		251.1665)			+ +				
Professional	73	73	4887	Social Worker	H2019	A T					
Services	11	4A	4W	(Therapeutic Behavior Service)		AJ		\$18.00	15 min		
	84	84		,							
Professional Services	73	73	4W	Social Worker (Community-based Wrap Around)	******	AJ			15 min		
	11 84	4A 84			H2021			\$18.00			
Professional Services (Psychology)											
	31	62,	11	Psychologist			(SJ)				
Professional		95,96		(Interactive							
Services	11	4A		Psychological Diagnostic Interview)	90791			\$31.25	15 min		
	84	84		interview)							

ISSUED: 04/20/21 REPLACED: 07/21/20

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

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						
Professional – Services	11	4A	4W	(Individual	90832			\$31.25	15 min	
Services	84	84		Psychotherapy)	70002			\$61120	10	
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		Psychologist (Special Family Therapy w/ patient)	90847	AH				
Services	11	4A	4W					\$31.25	15 min	
	84	84								
Professional -	31	62, 95,96		Psychologist (Group Psychotherapy)	90853	AH				
Services	11	4A	4W					\$31.25	15 min	
	84	84								
Professional -	31	62, 95,96		Psychologist (Pharmacologic Management)	90863					
Services	11	4A	4W					\$31.25	15 min	
	84	84		- Training erricint)						
Professional -	31	62, 95,96	4887	Psychologist						
Services	11	4A	4W	(Psychological Testing by Psychologist	96130			\$31.25	15 min	
	84	84		, ,						
Professional -	31	62, 95,96	4W	Psychologist (Psychological Testing by Tech)	96138					
Services	11	4A						\$31.25	15 min	
	31	84 62,			96132					
Professional - Services	11	95,96 4A	4W	Psychologist (Neuropsychological testing)				\$31.25	15 min	
Services	84	84						\$31.23	15 111111	

ISSUED: 04/20/21 REPLACED: 07/21/20

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

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	ional Services (Ps	ycholo	gy) c	ontin	ued		
	31	62, 95,96		Psychologist	97535					
Professional Services	11	4A	4W	(Self-care Management		AH		\$31.25	15 min	
	84	84		Training)				400.00		
	31	62,		Davahalagiat						
Professional Services	11	95,96 4A	4W	Psychologist (Community/ Work	97537	AH		\$31.25	15 min	
Services	84	84		Reintegration)	91331			\$31.23	13 11111	
	31	62,		Psychologist						
Professional		95,96 4A	4W	(Home visit for Assistance with ADL's and Personal Care)	99509	AH		024.25		
Services	84	4A 84	-		,,,,,,			\$31.25	15 min	
		62,	4W	Psychologist (Home Visit, Sing/M/Fam Counseling)	99510					
Professional Services	31	95,96				AH				
	11	4A				7111	\$	\$31.25	15 min	
	84	62,								
Professional	31	95,96	4W	Psychologist (Unlisted Home Visit Service or Procedure)	99600	AH				
Services	11	4A						\$31.25	15 min	
	84	84 62,								
Professional	31	95,96	4W	Psychologist (Assertive Community Treatment Face to Face)	H0039					
Services	11	4A				AH		\$31.25	15 min	
	84	84								
D 6 1 1	31	62, 95,96	4W	Psychologist (Mental Health Services, NOS)	H0046	AH				
Professional Services	11	4A						\$31.25	15 min	
	84	84								
	31	62, 95,96			H2011	АН				
Professional Services	11	4A	4W	Psychologist (Crisis Intervention)				\$31.25	15 min	
Services	84	84		(Crisis Intervention)						
	31	62,		Dovob -1: -4	H2017					
Professional Services	11	95,96 4A	4W	Psychologist (Psychosocial Rehab Services)		AH		021.25	15 .	
	84	84						\$31.25	15 min	
	31	62,	4W	Psychologist (Therapeutic Behavior Service)		AH				
Professional		95,96			H2019 AH					
Services	11 84	4A 84						\$31.25	15 min	
		62,								
Professional	31	95,96	4W	Psychologist	112021	AH				
Services	11	4A		(Community-based Wrap Around)	H2021			\$31.25	15 min	
	84	84								

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

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		Dental (Periodic Oral Examination, Patient of Record)	D0120			\$32.06	Per procedure	
Dental	27	19, 66, 67, 68		Dental (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		Dental (Prophylaxis-Adult)	D1110			\$54.64	Per procedure	
]	Perma	anent Supportive	Housi	ng Su	ıppo	rts		
Permanent Supportive	AW			Housing Stabilization	Z0648			\$15.11	15 Min.	72 units annually
Housing	11			and the state of t	200.0			\$60.44	1 Hour	
Permanent Supportive	AW			Housing Stabilization	Z0649			\$15.11	15 Min.	93 units annually
Housing	AW			Transition	20049			\$60.44	1 Hour	
			Adult	t Day Health Car	e (ADI	HC) 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 transportation 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	