ISSUED: REPLACED:

06/29/2016 09/02/2014

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES

PAGE(S) 15

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 Cool	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	4A		One time transition service	T2038			\$3000		Life time maximum limit
			Comn	nunity Living Sup	ports (Resi	denti	al)	3	
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	Services-Children	n unde	r 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	

ISSUED: REPLACED:

06/29/2016 09/02/2014

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	ANNUAI SERVICI LIMITS
		Host 1	Home	Services-Adults	18 and	over	(Res	idential	l)	
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	
	WP		Com	panion Care Ser	vices (F	Resid	entia	l)		
Companion Care, Adult	82	82	4W	Companion Care	S5136			\$39.58	Per diem	
	•			Living Services-I		-	•	-		
	Γ	Prov	ider I	Leased or Owned	Reside	nce (Resid	lential)		
Habilitation, Residential	11	4A	4G	Shared Living – Level 1	T2016			\$79.47	Per diem	
Habilitation Residential	11	4A	4G	Shared Living – Level 2	T2016	TF	HQ	\$87.66	Per diem	
Habilitation Residential	11	4A	4G	Shared Living – Level 3	T2016	TG	НQ	\$100.47	Per diem	
Habilitation Residential	11	4A	4G	Shared Living – Level 4	T2016	U2	НQ	\$118.82	Per diem	
		X	Sha	ared Living-New	(Up to	3 pec	ple)			
	I	Partic	ipant	Leased or Owned	l Resid	ence	(Resi	idential)	
Habilitation, Residential	11	4A	4L	Shared Living – Level 1	T2016	НQ		\$79.47	Per diem	
Habilitation Residential	11	4A	4L	Shared Living – Level 2	T2016	TF	HQ	\$87.66	Per diem	

ISSUED: REPLACED:

06/29/2016 09/02/2014

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
	Partic	ipant		ared Living-New ed or Owned Resi				ial) con	tinued	
Habilitation Residential	11	4A	4L	Shared Living – Level 3	T2016	TG	HQ	\$100.47	Per diem	
Habilitation Residential	11	4A	4L	Shared Living – Level 4	T2016	U2	HQ	\$118.82	Per diem	
Shared	Livin	g-Co	nversi	on/Provider Leas	ed or (Owne	d Re	sidence	(Resider	ıtial)
Residential Care, (NOS), Waiver	11	4A	4J	Shared Living – Level 1 Up to 4 people	T2033	UQ		\$59.66	Per diem	
Residential Care, (NOS), Waiver	11	4A	4J	Shared Living – Level 2 Up to 4 people	T2033	TF	UQ	\$67.66	Per diem	
Residential Care, (NOS), Waiver	11	4A	4J	Shared Living – Level 3 Up to 4 people	T2033	TG	UQ	\$81.92	Per diem	
Residential Care, (NOS), Waiver	11	4A	4J	Shared Living – Level 4 Up to 4 people	T2033	U2	UQ	\$107.39	Per diem	
Shared I	Living	-Conv	ersio	n/Participant Lea	sed or	Own	ed R	esidenc	e (Reside	ntial)
Residential Care, (NOS), Waiver	11	4A	4H	Shared Living – Level 1 Up to 4 people	T2033	UQ		\$59.66	Per diem	
Residential Care, (NOS), Waiver	11	4A	4H	Shared Living – Level 2 Up to 4 people	T2033	TF	UQ	\$67.66	Per diem	
Residential Care, (NOS), Waiver	11	4A	4H	Shared Living – Level 3 Up to 4 people	T2033	TG	UQ	\$81.92	Per diem	
Residential Care, (NOS), Waiver	11	4A	4Н	Shared Living – Level 4 Up to 4 people	T2033	U2	UQ	\$107.39	Per diem	

ISSUED: REPLACED:

06/29/2016 09/02/2014

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
Shared	l Livir	ig-Co	nversi	on/Provider Leas	ed or (Owne	ed Re	sidence	(Resider	ntial)
Residential Care, (NOS), Waiver	11	4A	4J	Shared Living – Level 1 Up to 6 people	T2033			\$59.66	Per diem	
Residential Care, (NOS), Waiver	11	4A	4J	Shared Living – Level 2 Up to 6 people	T2033	TF	HQ	\$67.66	Per diem	
Residential Care, (NOS), Waiver	11	4A	4J	Shared Living – Level 3 Up to 6 people	T2033	TG	НQ	\$81.92	Per diem	
Residential Care, (NOS), Waiver	11	4A	4J	Shared Living – Level 4 Up to 6 people	T2033	U2	НQ	\$107.39	Per diem	
Shared :	Living	-Conv	versio	n/Participant Lea	sed or	Own	ed R	esidenc	e (Reside	ential)
Residential Care, (NOS), Waiver	11	4A	4H	Shared Living – Level 1 Up to 6 people	T2033	HQ		\$59.66	Per diem	
Residential Care, (NOS), Waiver	11	4A	4H	Shared Living – Level 2 Up to 6 people	T2033	TF	НQ	\$67.66	Per diem	
Residential Care, (NOS), Waiver	11	4A	4H	Shared Living – Level 3 Up to 6 people	T2033	TG	НQ	S81.92	Per diem	
Residential Care, (NOS), Waiver	11	4A	4H	Shared Living – Level 4 Up to 6 people	T2033	U2	НQ	\$107.39	Per diem	
	•			Respite Se	rvices					
Respite Care Services	83	83		Respite Care Services- Out of Home	T1005	НQ		\$3.26	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	S5161			\$27.00	Monthly	

ISSUED: REPLACED:

06/29/2016 09/02/2014

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	dential	Serv	vices)		
Transportation	42	4X	4w	Transportation Regular -	Z5177			65.50		
Local Trip	01	4A	411	(Comm Access)	251//			\$5.58	One-way	730
Transportation -Local Trip (W/C)	42 01	4X 4A	4W	Transportation Wheel chair – (Comm Access)	Z5186			\$9.32	One-way	730
			A	daptation/Accessi	bility S	Servi	ces			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	Z0620				Per Service	
				Vocational S	ervices					
Supported Employment	98	98		Supported Employment, Individual Job and Assistance with Micro Enterprise	H2023	тт		\$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

ISSUED: REPLACED:

06/29/2016 09/02/2014

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
	•	•	,	Vocational 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	rvices					
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	TT	\$26.51	Per visit	
Setting In Home	44	87		LPN-Extended Services						
Nursing Care by LPN	11	4A	4W	(1 person)	S9124			\$30.89	Per hour	
In Home	44	87		LPN-Extended Services						
Nursing Care by LPN	11	4A	4W	(up to 2 persons)	S9124	TT		\$15.44	Per Hour	
RN Intermittent	44	87		Nursing RN	03/10/2000	930000000		100 200 200	2000 2000	
Services	11	4A	4W	(1 person)	G0154	TD		\$57.19	Per visit	
Stivites		87		Nursing RN						
	44				S9123	TT		\$16.41	Per hour	
RN Extended Services	11	4A	4W	(up to 2 persons)						
RN Extended Services		4A 87								
RN Extended	11	38416	4W	(up to 2 persons) Nursing RN (1 person)	S9123			\$32.82	Per hour	
RN Extended Services	11 44	87		Nursing RN	S9123 G0154	TD	тт	\$32.82 \$32.86	Per hour	

ISSUED:

06/29/2016 09/02/2014

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
		I	Profess	sional 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	n The	rapy	')		
	39	71		Speech Therapy						
Professional Services	11	4A	4W	Evaluation of Speech Fluency	92521			\$20.27	15 min	
Services	84	84		(e.g. stuttering, cluttering)						
	39	71		Speech Therapy						
Professional Services	11	4A	4W	Evaluation of Speech 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	4A	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)						
	39	71		Speech Therapy						
Professional Services	11	4A	4W	Behavioral and Qualitative Analysis of	92524			\$20.27	15 min	
	84	84		Voice and Resonance						1 1
Professional	39	71		Speech Therapy						
Services	11	4A	4W	(Speech Language Hearing Therapy)	92507			S20.27	15 min	
	84	84		ricaring riierapy)						
Professional	39	71 4A	133/	Speech Therapy (Laryngeal function	02520			620.27	15	
Services	84	4A 84	4W	(Laryngeal function studies)	92520			\$20.27	15 min	
	04	04		pweers about						

ISSUED: 06/29/2016 REPLACED: 09/02/2014

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
		Pro	fession	nal Services (Spec	ech The	erapy) con	tinued		
	39	71			T					I
Professional Services	11	4A	4W	Speech Therapy (Oral function therapy)	92526			\$20.27	15 min	
Stivites	84	84	1	(Oran function therapy)				4000000000	4-9834-0403555	
	39	71		Speech Therapy						
Professional Services	11	4A	4W	(Evaluation for non-	92605			\$20.27	15 min	
	84	84		speech device RX)						
Drofessional	39	71		Speech Therapy						
Professional Services	11	4A	4W	(Non-speech device	92606			S20.27	15 min	
	84	84		service)						
Professional	39	71		Speech Therapy						
Services	11	4A	4W	(Ex for speech device	92607			\$20.27	15 min	
100000 ayo naa 2010 ah	84	84		RX)						
Professional	39	71		Speech Therapy			- 15			
Services	11	4A	4W	(Evaluate swallowing	92610			\$20.27	15 min	
	84	84		function)						
Professional	39	71		Court There						
Services	11	4A	4W	Speech Therapy (Therapeutic activities)	97530	GN		\$20.27	15 min	
	84	84								
Professional	39	71		Speech Therapy						
Services	11	4A	4W	(Cognitive skills development)	97532	GN		\$20.27	15 min	
	84	84		development)						
		Pr	ofessi	onal Services (Oc	cupati	onal '	Ther	apy)		
20000000000000000000	37	74		Special Administra						
Professional Services	11	4A	4W	Occupational Therapy (OT Evaluation)	97003			\$22.20	15 min	
Services	84	84		(OT Evaluation)	Control (Control			20722000000000		
	37	74								
Professional Services	11	4A	4W	Occupational Therapy (OT re-evaluation)	97004			\$22.20	15 min	
ocivicos	84	84		(OT Te-evaluation)						
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of hot or	97010	GO		\$22.20	15 min	
J	84	84		cold packs)						
Professional	37	74		Occupational Therapy	08015					
Services	11 84	4A 84	4W	(Application of Traction, Mechanical)	97012	GO		S22.20	15 min	
Professional	37	74		Occupational Therapy						
Services	11	4A	4W	(Application of electrical	97014	GO		\$22.20	15 min	
	84	84		stimulation/ unattended)						

ISSUED: 06/ REPLACED: 09/

06/29/2016 09/02/2014

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 S	Services (Occupa	tional '	Thera	apy)	continu	ed	
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of paraffin	97018	GO		S22.20	15 min	
Services	84	84	1	bath)						
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of	97022	GO		S22.20	15 min	
Services	84	84	1	whirlpool)	(10 mm) (10 mm)	100450		200-012000-00000		
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of electrical	97032	GO		\$22.20	15 min	
Services	84	84	1	stimulation/ manual)						
5000 1000 S0 5000	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of	97033	GO		\$22.20	15 min	
Services	84	84		lontophoresis)		33330				
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of	97035	GO		\$22.20	15 min	
Services	84	84	1	ultrasound)					393 8930	
90.50 Wiles 909W 500	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(OT Therapeutic	97110	GO		\$22.20	15 min	
Services	84	84	1	Procedure)				PARTITION OF	***************************************	
	37	74								
Professional Services	- 11	4A	4W	Occupational Therapy (Massage therapy)	97124	GO		\$22.20	15 min	
Services	84	84		(Massage merapy)						
120000000000000000000000000000000000000	37	74		1 6-5527 15-971 10-00002-000						
Professional Services	11	4A	4W	Occupational Therapy (Manual therapy)	97140	GO		\$22.20	15 min	
Services	84	84		(Manual therapy)	524.47400				WWW-MANAGER	
	37	74								
Professional Services	11	4A	4W	Occupational Therapy (Therapeutic activities)	97530	GO		S22.20	15 min	
Services	84	84		(Therapeutic activities)					4400 0	
1004 4942 WO W	37	74		Occupational Therapy						
Professional	11	4A	4W	(Cognitive skills	97532	GO		\$22.20	15 min	-
Services	84	84		development)	- constant constant				Exercise And West County	
	37	74		Occupational Therapy						
Professional	11	4A	4W	(Wheelchair	97542	GO		\$22.20	15 min	
Services	84	84	1	management)						

ISSUED: 06/29/2016 REPLACED: 09/02/2014

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	ANNUAI SERVICI LIMITS
			Profe	ssional Services (Physic	al Th	erap	y)		
	35	65						T		T
Professional Services	11	4A	4W	Physical Therapy (PT Evaluation)	97001			\$22.20	15 min	
	84	84		(1.1.2.Taradition)						
Professional	35	65		DI - I TI						
Services	11	4A	4W	Physical Therapy (PT re-evaluation)	97002			S22.20	15 min	
3553790 0 x 2564 0 75	84	84		***************************************						
Professional	35	65		Physical Therapy						
Services	11	4A	4W	(Application of hot or cold packs)	97010	GP		\$22.20	15 min	
	84	84		cord packs)						
Professional	35	65		Physical Therapy						
Services	11	4A	4W	(Application of traction, mechanical)	97012	GP		\$22.20	15 min	
	84 35	84 65	-	meenameny						
Professional	11	4A	4W	Physical Therapy (Application of electrical	97014	GP		622.20	15	
Services	84	84	- ""	stimulation/ unattended)	97014	Gr		\$22.20	15 min	e .
	35	65								
Professional	11	4A	4W	Physical Therapy (Application of paraffin	97018	GP		\$22.20	15 min	
Services	84	84	2000	bath)						
	35	65		Physical Therapy						
Professional Services	11	4A	4W	(Application of	97022	GP		\$22.20	15 min	
Services	84	84	1	whirlpool)						
	35	65		Physical Therapy						
Professional Services	11	4A	4W	(Application of electrical	97032	GP		\$22.20	15 min	
	84	84		stimulation/ manual)						
Professional	35	65		Physical Therapy						
Services	11	4A	4W	(Application of	97033	GP		S22.20	15 min	
	84	84		lontophoresis)						
Professional	35	65		Physical Therapy				22222		
Services	11	4A	4W	(Application of ultrasound)	97035	GP		S22.20	15 min	
	84	84		unusbunu)						
Professional	35	65		Physical Therapy	07110	Cn.		622.20	15	
Services	11 84	4A 84	4W	(Therapeutic Procedure)	97110	GP		\$22.20	15 min	
	35	65								
Professional	11	4A	4W	Physical Therapy (neuromuscular	97112			\$22.20	15 min	
Services	84	84	- "	re-education)	7,112			522.20	15 11111	
	35	65								
Professional	11	4A	4W	Physical Therapy	97116			\$22.20	15 min	
Services	84	84	100000	(Gait training)	emenda Rotti			. www.dv		N.

ISSUED:

06/29/2016

REPLACED:

09/02/2014

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
		Prof	ession	al Services (Physi	ical Th	erapy	y) coi	ntinued		
	35	65	T							T
Professional Services	11	4A	4W	Physical Therapy	97124	GP		\$22.20	15 min	
Services	84	84		(Massage therapy)						
Source of the source of the	35	65		960 50 TO ANDRES						
Professional Services	11	4A	4W	Physical Therapy (Manual therapy)	97140	GP		\$22.20	15 min	
Services	84	84		(Manual therapy)		0303-0		***********		
	35	65								
Professional Services	11	4A	4W	Physical Therapy (Therapeutic activities)	97530	GP		\$22.20	15 min	
Services	84	84		(Therapeutic activities)						
	35	65		Physical Therapy						
Professional Services	11	4A	4W	(Wheelchair	97542	GP		\$22.20	15 min	
Services	84	84		Management)						
			Pro	ofessional Service	s (Soci	al W	ork)			
	73	73								
Professional	11	4A	4W	Social Worker	90847	AJ		\$17.38	15 min	
Services	84	84		(Family psychotherapy)		10000				
	73	73								
Professional	11	4A	4W	Social Worker	90853	AJ		\$17.38	15 min	
Services	84	84		(Group psychotherapy)		3.2.0				
	73	73		Social Worker						
Professional Services	11	4A	4W	(Assess Hlth/ Behave,	96150	AJ		\$17.38	15 min	
Services	84	84		Init)				124000000		
ess ess as m	73	73		Social Worker						
Professional Services	11	4A	4W	(Self-care Management	97535	AJ		\$17.38	15 min	
Stivites	84	84		Training)						
	73	73		Social Worker						
Professional Services	11	4A	4W	(Community/ Work	97537	AJ		\$17.38	15 min	
our rices	84	84		Reintegration)						
	73	73		Social Worker						
Professional Services	11	4A	4W	(Home visit assistance w/ADL's and personal	99509	AJ		\$17.38	15 min	
	84	84		care)						H.
p 6	73	73		Social Worker						
Professional Services	11	4A	4W	(Home Visit,	99510	AJ		\$17.38	15 min	
	84	84		Sing/M/Fam Counseling)						3.3
Dan familianal	73	73		Social Worker						
Professional Services	11	4A	4W	(Unlisted Home Visit	99600	AJ		\$17.38	15 min	
	84	84		Service or Procedure)						

ISSUED:

06/29/2016

REPLACED:

09/02/2014

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
		Pr	ofessi	onal Services (So	cial Wo	ork)	conti	nued		
	73	73								
Professional Services	11	4A	4W	Social Worker (HHCP-SVS of CSW)	G0155			\$17.38	15 min	
Services	84	84	1	(IIICI-3V3 0I CSW)						
	73	73		Social Worker						
Professional Services	11	4A	4W	(Assertive Community	H0039	AJ		\$17.38	15 min	
ou need	84	84		treatment face to face)						
D., 6	73	73		Social Worker						
Professional Services	11	4A	4W	(Mental Health Services,	H0046	AJ		\$17.38	15 min	
	84	84		NOS)						
Professional	73	73		Carlal Washing						
Services	11	4A	4W	Social Worker (Crisis Intervention)	H2011	AJ		\$17.38	15 min	
AMMENTAL SE	84	84								
Professional	73	73		Social Worker						
Services	11	4A	4W	(Skilled Training and	H2014			\$17.38	15 min	
	84	84		Development)						
Professional	73	73		Social Worker	company on the				95.00	
Services	11	4A	4W	(Psychosocial Rehab Services)	H2017	AJ		\$17.38	15 min	
	84	84		Scivices)						
Professional	73	73		Social Worker						
Services	11	4A	4W	(Therapeutic Behavior Service)	H2019	AJ		\$17.38	15 min	
	84	84								
Professional	73	73 4A	4337	Social Worker				617.20		
Services	84	84	4W	(Community-based Wrap Around)	H2021	AJ		\$17.38	15 min	
	04	04		200020000000000000000000000000000000000						<u> </u>
			Pr	ofessional Service	es (Psy	cholo	gy)			31
	31	62,								
Professional	11	95,96 4A	4W	Psychologist	90801			\$30.17	15 min	
Services	84	84		(Diagnostic Interview)						
		62,		Devahologist						
Professional	31	95,96	4W	Psychologist (Interactive	90802			620.17	15 min	
Services	11	4A	411	Psychological Diagnostic	90802			\$30.17	15 min	
	84	84		Interview)						
Drofessional	31	62, 95,96		Psychologist						
Professional Services	11	4A	4W	(Individual	90806			\$30.17	15 min	
	84	84		Psychotherapy)						

ISSUED: 06/29/2016 REPLACED: 09/02/2014

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	ANNUAI SERVICI LIMITS
		P	rofess	ional Services (Ps	ycholo	gy) c	ontin	ued		
Professional Services	31	62, 95,96	4W	Psychologist (Individual Psychotherapy, Utilizing Equipment/ Devices)	90812					
	11	4A						\$30.17	15 min	
Stivitts	84	84								
	31	62,	4W	Psychologist (Family psychotherapy)	90846					
Professional	11	95,96 4A						\$30.17	15 min	
Services	84	84								
	31	62,	4W	Psychologist (Special Family Therapy)	90847	АН		\$30.17	15 min	
Professional	11	95,96 4A								
Services	84	84								
Professional Services	31	62,	4W	Psychologist (Group Psychotherapy)	90853	AH		\$30.17	15 min	
	11	95,96 4A								
Services	84	84								
	31	62,		Psychologist (Interactive Group Psychotherapy)	90857		\$30.17			
Professional Services		95,96	4W					15 min		
	11	4A						330.17	13 11111	
	84	62,								
Professional	31	95,96	4W	Psychologist (Pharmacologic Management)	90862				0000 000	
Services	11	4A						\$30.17	15 min	
	84	84								
	31	62, 95,96	4W	Psychologist (Psychological Testing by Psychologist	96101					
Professional Services	11	4A					· \$30	\$30.17	15 min	
30111003	84	84								
	31	62,	4W	Psychologist (Psychological Testing by Tech)						
Professional	11	95,96 4A			96102			\$30.17	15 min	
Services	84	84								
		62,	4W	Psychologist (Neuropsychological testing)	96118					
Professional Services	31	95,96					\$30.17	\$30.17	15 min	
	11	4A						930.17	15 11111	
Professional Services	84	84 62,		Ç,						
	31	95,96	4W	Psychologist (Assess Hlth/Behave, Init)	96150	АН		No service		
	11	4A						\$30.17	15 min	
	84	84								
Professional	31	62, 95,96	4W	Psychologist (Self-care Management Training)	97535	АН		\$30.17	15 min	
Services	11	4A								
	84	84								

ISSUED: REPLACED:

06/29/2016 09/02/2014

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	rofess	ional Services (Ps	ycholo	gy) c	ontin	ued		•
Professional Services	31	62,	4W	Psychologist (Community/ Work Reintegration)	97357	АН		\$30.17	15 min	
	11	95,96 4A								
Stivites	84	84								
D 6 : 1	31	62, 95,96	4W	Psychologist (Home visit for Assistance with ADL's and Personal Care)	99509	АН			15 min	
Professional Services	11	4A						\$30.17		
1,000,000,000,000	84	84								
Professional	31	62, 95,96	4W	Psychologist (Home Visit, Sing/M/Fam Counseling)	99510	АН		\$30.17	15 min	
Services	11	4A								
	84	84								
Professional	31	62, 95,96	4W	Psychologist (Unlisted Home Visit Service or Procedure)	99600	АН			15 min	
Services	11	4A						\$30.17		
	84	84								
Professional	31	62, 95,96	4W	Psychologist (Assertive Community Treatment Face to Face)	H0039	AH			15 min	
Services	11	4A						\$30.17		
	84	84 62,								
Professional	31	95,96	4W	Psychologist (Mental Health Services, NOS)	H0046	AH		620.17		
Services	11	4A					\$30.17	15 min		
	31	84 62,	4W	Psychologist (Crisis Intervention)	H2011	АН		\$30.17	15 min	
Professional		95,96								
Services	11 84	4A 84								
	31	62,	4W	Penahologist	H2017	АН			15 min	
Professional Services	11	95,96 4A		Psychologist (Psychosocial Rehab				\$30.17		
Services	84	84		Services)				vacance sideoti.		
Professional Services	31	62, 95,96	4W	Psychologist (Therapeutic Behavior Service)	H2019	AH		\$30.17	15 min	
	11	4A								
	84	84								
Professional	31	62, 95,96	4W	Psychologist (Community-based Wrap Around)	H2021	АН		populari mane	15 min	
Services	11	4A						\$30.17		
	84	84								

ISSUED:

06/29/2016

REPLACED:

09/02/2014

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES

PAGE(S) 15

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			\$30.95	Per procedure	
Dental	27	19, 66, 67, 68		Dental (Comprehensive Oral Examination, New Patient)	D0150			\$53.47	Per procedure	
Dental	27	19, 66, 67, 68		Dental (Radiographs, Complete Series including Bitewings)	D0210			\$67.72	Per procedure	i i
Dental	27	19, 66, 67, 68		Dental (Prohylaxis-Adult)	D1110			\$52.77	Per procedure	

Page 15 of 15