**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
		(	Comn	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	n 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	

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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	18 and	over	(Res	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	
			Con	panion Care Serv	vices (F	Resido	entia	l)		
Companion Care, Adult	82	82	4W	Companion Care	S5136			\$92.02	Per diem	
				<b>Living Services-</b>		_	_	_		
		Provi	ider I	Leased or Owned	Reside	nce (	Resid	lential)	T	T
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	НQ	\$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)			
	I	Partic	ipant	<b>Leased or Owned</b>	l 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	

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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
	Partic	inant		ared Living-New or or Owned Resi	-	_	_	ial) con	tinued	
		Ipani	Least	When the	ucnee	(ITCSI	ucit		lillaca	
Habilitation Residential	11	4A	4L	Shared Living – Level 3	T2016	TG	HQ	\$104.08	Per diem	
Habilitation Residential	11	<b>4A</b>	4L	Shared Living – Level 4	T2016	U2	НQ	\$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	<b>4</b> J	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	ntial)
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	

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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	se S	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	

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HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB- SPECIALTY	SERVICE DESCRIPTION	PROCEDURE	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			
4 • 4•			1			1			Γ	ı
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 So	ervices					
Supported Employment	98	98		Supported Employment, Individual Job and Assistance with Micro Enterprise	H2023	ТТ		\$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	\$13.00	15 Min	Up to 8 Units per day
Supported Employment	98	98		Supported Employment, Mobile Crew or Enclave	H2026			\$2.60	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			\$2.25	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

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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

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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	32 Units per Day
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	11	4A	4W	Services	G0300			\$54.92	Per visit	
by LPN Services of Skilled Nurse In	44	87		(1 person)  LPN-Intermittent						
Home Health Setting	11	4A	4W	Services (up to 4 persons)	G0300	TT		\$27.46	Per visit	
In Home	44	87	4337	LPN-Extended Services	60124					
Nursing Care by LPN	11	4A	4W	(1 person)	S9124			\$32.00	Per hour	
In Home	44	87	4777	LPN-Extended Services	50124	TD CD				
Nursing Care by LPN	11	4A	4W	(up to 2 persons)	S9124	TT		\$16.00	Per Hour	
RN Intermittent	44	87	47	Nursing RN						
Services	11	4A	4W	(1 person)	G0299			\$68.85	Per visit	
RN Extended	44	87		Nursing RN						
Services	11	4A	4W	(up to 2 persons)	S9123	TT		\$17.00	Per hour	
RN Extended	44	87		Nursing RN						
Services	11	4A	4W	(1 person)	S9123			\$34.00	Per hour	
RN Intermittent	44	87	4887	Nursing RN		ana.				
Services	11	4A	4W	(up to 4 persons)	G0299	TT		\$34.32	Per visit	

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		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	(Speecl	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, phonological process,	92522			\$21.00	15 min	
	84	84		apraxia, dysarthria)						
	39	71		Speech Therapy Evaluation of Speech Sound Production (e.g., articulation,						
Professional Services	11	<b>4A</b>	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)						
Professional	39	71		Speech Therapy						
Services	11	4A	4W	Behavioral and Qualitative Analysis of	92524			\$21.00	15 min	
	84	84		Voice and Resonance	1					
Professional	39	71		Speech Therapy	00505					
Services	11	4A	4W	(Speech Language Hearing Therapy)	92507			\$21.00	15 min	
	84	84		Treating Therapy)	-					
Professional	39	71 4A	4W	Speech Therapy (Laryngeal function	92520					
Services	84	84	- <del>1</del> VV	(Laryngeal function studies)	94340			\$21.00	15 min	
	04	04		<u> </u>			]			

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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	rapy	) con	tinued		
	39	71								
Professional Services	11	4A	4W	Speech Therapy (Oral function therapy)	92526			\$21.00	15 min	
Sel vices	84	84		(Oral function therapy)				\$21.00	13 11111	
	39	71		Speech Therapy						
Professional Services	11	4A	4W	(Evaluation for non-	92605			\$21.00	15 min	
Sel vices	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	
Sel vices	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	
Sel vices	84	84		RX)				φ21.00	13 11111	
	39	71		Speech Therapy						
Professional Services	11	4A	4W	(Evaluate swallowing	92610			\$21.00	15 min	
Services	84	84		function)				φ21.00	13 11111	
	39	71								
Professional Services	11	4A	4W	Speech Therapy (Therapeutic activities)	97530	GN		\$2.00	15 min	
Sel vices	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	
Sel vices	84	84		development)				\$21.00	13 11111	
		Pr	ofessi	onal Services (Oc	cupati	onal	Ther	apy)		
	37	74		0 (1 177)	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. C	84	84	4777	complex 45min)	ļ					
Professional Services	37 11	74 4A	4W	Occupational Therapy (OT Evaluation high	97167			\$88.80	60 min	
221 11003	84	84	1	complex 60 min)	9/10/			φοσ.δυ	OU HIIII	
	37	74		Occupational Therapy						
Professional	11	4A	4W	(OT re-evaluation est	07170			<b>\$33.00</b>	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		\$22.00	15	
Services	84	84		cold packs)				\$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)	L					İ

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	Pı	rofessi	ional S	Services (Occupat	tional '	Thera	apy)	continu	ed	
Professional	37	74	4777	Occupational Therapy	05014					
Services	11 84	4A 84	4W	(Application of electrical stimulation/ unattended)	97014	GO		\$23.00	15 min	
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of paraffin	97018	GO		\$22.00	15 min	
Services	84	84		bath)				\$23.00	15 min	
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of	97022	GO		\$23.00	15 min	
Services	84	84		whirlpool)				\$23.00	15 11111	
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of electrical	97032	GO		\$23.00	15 min	
Services	84	84		stimulation/ manual)				φ23.00	13 11111	
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of	97033	GO		\$23.00	15 min	
Ser vices	84	84		iontophoresis)				φ20.00	10 11111	
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of	97035	GO		\$23.00	15 min	
2	84	84		ultrasound)						
D. C	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(OT Therapeutic	97110	GO		\$23.00	15 min	
	84	84		Procedure)				7-2100		
Professional	37	74		O						
Services	11	4A	4W	Occupational Therapy (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						
Services	11	4A	4W	(Therapeutic activities)	97530	GO		\$23.00	15 min	
	84	84								
Professional	37	74		Occupational Therapy						
Services	11	4A	4W	(Cognitive skills development)	97129	GO		\$23.00	15 min	
	84	84		ac.eropment)						
Professional	37	74	4887	Occupational Therapy	07542	00				
Services	11	4A	4W	(Wheelchair management)	97542	GO		\$23.00	15 min	
	84	84		gement)						

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			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)	77101			Ψ23.00	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	97164			\$23.00	15 min	
	84	84		of care)				,		
	35	65		Physical Therapy						
Professional Services	11	4A	4W	(Application of hot or	97010	GP		\$23.00	15 min	
Sel vices	84	84		cold packs)				Ψ25.00	13 11111	
	35	65		Physical Therapy						
Professional Services	11	4A	4W	(Application of traction,	97012	GP		\$23.00	15 min	
Services	84	84		mechanical)				\$23.00	15 11111	
	35	65		Physical Therapy						
Professional	11	4A	4W	(Application of electrical	97014	GP		422.00	4.	
Services	84	84	1	stimulation/ unattended)				\$23.00	15 min	
	35	65		DI + 170						
Professional	11	4A	4W	Physical Therapy (Application of paraffin	97018	GP				
Services	84	84	1	bath)	37010	0.		\$23.00	15 min	
	35	65								
Professional	11	4A	4W	Physical Therapy (Application of	97022	GP				
Services	84	84	- ***	whirlpool)	97022	GI		\$23.00	15 min	
	35	65		. ,						
Professional			4337	Physical Therapy	07022	C.D.				
Services	11	4A	4W	(Application of electrical stimulation/ manual)	97032	GP		\$23.00	15 min	
	84	84								
Professional	35	65		Physical Therapy	0=0=0	-				
Services	11	4A	4W	(Application of iontophoresis)	97033	GP		\$23.00	15 min	
	84	84	ļ	Tomophoresis)						
Professional	35	65	1	Physical Therapy						
Services	11	4A	4W	(Application of ultrasound)	97035	GP		\$23.00	15 min	
	84	84		unrasounu)						
	35	65	]							
Professional	11	4A	4887	Physical Therapy	07110	CD				
Services	84	84	4W	(Therapeutic Procedure)	97110	GP		\$23.00	15 min	

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		Profe	essiona	al Services (Physi	cal Th	erapy	y) coi	ntinued		
	35	65		Physical Therapy						
Professional Services	11	4A	4W	(neuromuscular	97112			\$23.00	15 min	
	84	84		re-education)				7-5111		
Professional	35	65	_	Physical Therapy						
Services	11	4A	4W	(Gait training)	97116			\$23.00	15 min	
	84	84								
Professional	35	65		Physical Therapy						
Services	11	4A	4W	(Massage therapy)	97124	GP		\$23.00	15 min	
	84	84								
Professional	35	65	4337	Physical Therapy	07140	CD				
Services	84	4A 84	4W	(Manual therapy)	97140	GP		\$23.00	15 min	
	35	65								
Professional	11	4A	4W	Physical Therapy	97530	GP				
Services	84	84	1	(Therapeutic activities)	7,000	-		\$23.00	15 min	
	35	65		Dhygical Thomany						
Professional	11	4A	4W	Physical Therapy (Wheelchair	97542	GP		<b>#22.00</b>	15	
Services	84	84	1	Management)				\$23.00	15 min	
			Pro	ofessional Service	s (Soci	al W	ork)			
	73	73								
Professional	11	4A	4W	Social Worker	90847	AJ		\$18.00	15 min	
Services	84	84	1	(Family psychotherapy)				\$10.00	15 min	
	73	73								
	11	4A		~						
Professional Services	84	84	4W	Social Worker (Group psychotherapy)	90853	AJ		\$18.00	15 min	
2011-000				(				7-2111		
Professional	73	73	1	Social Worker						
Services	11	4A	4W	(Self-care Management Training)	97535	AJ		\$18.00	15 min	
	84	84		manning)						
Professional	73	73	4***	Social Worker	07537					
Services	11	4A	4W	(Community/ Work Reintegration)	97537	AJ		\$18.00	15 min	
	73	73								
	11	4A	1	Social Worker						
Professional	-11	4A	4W	(Home visit assistance	99509	A T				
Services	84	84	410	w/ADL's and personal care)	995U9	AJ		\$18.00	15 min	

ISSUED: 06/22/21 REPLACED: 04/20/21

# **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	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	4A	4W	(Unlisted Home Visit Service or Procedure)	99600	AJ		\$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	A T					
Services	84	4A 84				AJ		\$18.00	15 min		
	73	73	4W	Social Worker (Mental Health Services, NOS)	H0046	AJ					
Professional	11	4A									
Services	84	84						\$18.00	15 min		
	73	73	4W	Social Worker (Crisis Intervention)	H2011	AJ					
Professional	11	4A					\$18.00	440.00	15 min		
Services	84	84						\$18.00			
	73	73		C IW. I							
Professional	11	4A	4W	Social Worker (Skilled Training and Development)	H2014	014		¢10 00	15 min		
Services	84	84						\$18.00	15 min		
	73	73		Social Worker	H2017	AJ					
Professional Services	11	4A	4W	(Psychosocial Rehab				\$18.00	15 min		
DCI VICES	84	84		Services)				Ψ10.00			
	73	73		Social Worker							
Professional Services	11	4A	4W	(Therapeutic Behavior	H2019	AJ		\$18.00	15 min		
~	84	84		Service)				φ10.00	13 11111		
Drofossional	73	73		Social Worker		AJ					
Professional Services	11	4A	<b>4W</b>	(Community-based Wrap	H2021			\$18.00	15 min		
	84	84		Around)							
	Professional Services (Psychology)										
Professional	31	62, 95,96		Psychologist (Interactive							
Services	11	4A		Psychological Diagnostic	90791			\$31.25	15 min		
	84	84		Interview)							

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	Professional Services (Psychology) continued											
	31	62, 95,96		Psychologist (Individual								
Professional Services	11	4A	4W		90832			\$31.25	15 min			
561 11665	84	84		Psychotherapy)	70002			φο1.20	10 11111			
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	4A				AH		\$31.25	15 min			
	84	84										
Professional	31	62, 95,96	4W	Psychologist (Group Psychotherapy)	90853	AH						
Services	11	4A						\$31.25	15 min			
	84	84										
Professional	31	62, 95,96	4W	Psychologist (Pharmacologic Management)	90863							
Services	11	4A						\$31.25	15 min			
	84	84										
Professional	31	62, 95,96	4W	Psychologist (Psychological Testing by Psychologist								
Services	11	4A	4 **		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		95,96	4W	Psychologist (Neuropsychological testing)				424.5-				
Services	84	4A 84	7"					\$31.25	15 min			
	04	04										

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		Pı	ofessi	ofessional Services (Psychology) continued								
Professional	31	62, 95,96	4***	Psychologist (Self-care Management	97535	АН			15 min			
Services	11 84	4A 84	4W	Training)				\$31.25	13 11111			
Professional	31	62, 95,96		Psychologist								
Services	11 84	4A 84	4W	(Community/ Work Reintegration)	97537	AH		\$31.25	15 min			
	31	62, 95,96		Psychologist								
Professional Services	11	4A	4W	(Home visit for Assistance with ADL's	99509	AH		\$31.25	15 min			
	84	84 62,		and Personal Care)  Psychologist (Home Visit, Sing/M/Fam Counseling)	99510							
Professional Services	31	95,96 4A	4W			АН		\$31.25	15 min			
	84	84										
Professional	31	62, 95,96	4W	Psychologist (Unlisted Home Visit Service or Procedure)	99600	AH						
Services	84	4A 84			33000	2111		\$31.25	15 min			
Professional	31	62, 95,96	4W	Psychologist								
Services	11 84	4A 84		(Assertive Community Treatment Face to Face)	H0039	AH		\$31.25	15 min			
	31	62, 95,96	4W	NOS)	H0046	АН						
Professional Services	11	4A						\$31.25	15 min			
	31	84 62,										
Professional Services	11	95,96 4A	4W		H2011	1 AH	Н	\$31.25	15 min			
~ /2000	84	84 62,										
Professional	31	95,96	4W	<b>Psychologist</b> (Psychosocial Rehab	H2017	АН						
Services	11 84	4A 84		Services)				\$31.25	15 min			
Duofos-i1	31	62, 95,96	4W	Psychologist (Therapeutic Behavior Service)	H2019 AH	AH						
Professional Services	11	4A						\$31.25	15 min			
	31	84 62,		<b>D.</b> 1. 1. 1.								
Professional Services	11 84	95,96 4A 84	4W	Psychologist (Community-based Wrap Around)	H2021	АН		\$31.25	15 min			

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				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		<b>Dental</b> (Prophylaxis-Adult)	D1110			\$54.64	Per procedure	
		]	Perma	anent Supportive	Housi	ng Sı	ıppoı	rts		
Permanent Supportive	AW			Housing Stabilization	Z0648			\$15.11	15 Min.	72 units annually
Housing				,				\$60.44	1 Hour	
Permanent Supportive	AW			Housing Stabilization	Z0649			\$15.11	15 Min.	93 units annually
Housing	2111			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	