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			\$4.63	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	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	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	Resido	ential	l)		
Companion Care, Adult	82	82	4W	Companion Care	S5136			\$92.02	Per diem	
				Living Services- N		_	_	_ '		
	l	Provi	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	
	1		Sh	ared Living-New	(Up to	3 pec	ple)			
]	Partic	ipant	Leased or Owned	Resid	ence	(Res	idential)	
Habilitation, Residential	11	4A	4L	Shared Living – Level 1	T2016	HQ		\$82.33	Per diem	
Habilitation Residential	11	4A	4L	Shared Living – Level 2	T2016	TF	HQ	\$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	inant		ared Living-New (ed or Owned Resi	` -	-	_ ′	al) con	tinued	
	1 ai tic	трапт	Least	Tu of Owned Resi	ucnec	(17031	uciiti	iai) con	IIIucu	
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	versio	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	

ISSUED: 07/01/22 REPLACED: 04/14/22

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	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	

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
			Tra	nsportation (Resid	lential	Servi	ces)			
Transportation Local Trip	42	4X 4A	4W	Transportation Regular - (Comm Access)	T2001	U1		\$5.58	One-way	730
Transportation -Local Trip (W/C)	42	4X 4A	4W	Transportation Wheel chair – (Comm Access)	A0090			\$9.32	One-way	730
(W/C)			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	S5165				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	\$13.63	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

ISSUED: 07/01/22 REPLACED: 04/14/22

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

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 Community 1:3/4	T2025	UQ	\$3.88	15 Min	Up to 20 Units per day

ISSUED: 07/01/22 REPLACED: 04/14/22

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
			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	4A	4W	Services (1 person)	G0300			\$71.44	Per visit	
Services of Skilled Nurse In	44	87		LPN-Intermittent						
Home Health Setting	11	4A	4W	Services (up to 4 persons)	G0300	TT		\$35.70	Per visit	
In Home	44	87		LPN-Extended Services						
Nursing Care by LPN	11	4A	4W	(1 person)	S9124			\$41.60	Per hour	
In Home	44	87		LPN-Extended Services						
Nursing Care by LPN	11	4A	4W	(up to 2 persons)	S9124	TT		\$20.80	Per Hour	
RN Intermittent	44	87		Nursing RN						
Services	11	4A	4W	(1 person)	G0299			\$89.51	Per visit	
RN Extended	44	87		Nursing RN						
Services	11	4A	4W	(up to 2 persons)	S9123	TT		\$21.10	Per hour	
RN Extended	44	87		Nursing RN						
Services	11	4A	4W	(1 person)	S9123			\$44.20	Per hour	
RN Intermittent	44	87	4887	Nursing RN		TEATS.				
Services	11	4A	4W	(up to 4 persons)	G0299	TT		\$44.62	Per visit	

ISSUED: 07/01/22 REPLACED: 04/14/22

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	legister	ed D	ietici	an)		
Professional Services	41,11, 84	4R	4W	Registered Dietician (Individual)	97802			\$9.00	15 min	
Professional Services	41,11, 84	4R	4W	Registered Dietician (Individual, Subsequent)	97803			\$9.00	15 min	
Professional Services	41,11, 84	4R	4W	Registered Dietician (Group)	97804			\$9.00	15 min	
			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)						
Duofossional	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		Speech Therapy						
Services	11	4A	4W	(Speech Language Hearing Therapy)	92507			\$21.00	15 min	
	84	84		ricaring filerapy)						
Professional	39	71	4887	Speech Therapy	02520					
Services	11	4A	4W	(Laryngeal function studies)	92520			\$21.00	15 min	
	84	84		,						<u> </u>

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	
Scrvices	84	84		(Oral function incrapy)				\$21.00	13 11111	
D C : 1	39	71		Speech Therapy						
Professional Services	11	4A	4W	(Evaluation for non-	92605			\$21.00	15 min	
	84	84		speech device RX)				V21100		
D f:	39	71		Speech Therapy						
Professional Services	11	4A	4W	(Non-speech device	92606			\$21.00	15 min	
	84	84		service)					_	
Professional	39	71		Speech Therapy						
Services	11	4A	4W	(Ex for speech device	92607			\$21.00	15 min	
	84	84		RX)				*		
Df	39	71		Speech Therapy						
Professional Services	11	4A	4W	(Evaluate swallowing	92610			\$21.00	15 min	
	84	84		function)				*		
Df	39	71		Consideration of the constant						
Professional Services	11	4A	4W	Speech Therapy (Therapeutic activities)	97530	GN		\$2.00	15 min	
	84	84		, ,				7		
Df	39	71		Speech Therapy	07120					
Professional Services	11	4A	4W	(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	11	4A	4W	(OT Evaluation low	07165			644.40	20	
Services	84	84		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	
Professional	84 37	84 74	4W	complex 45min)						
Services	11	4A	7"	Occupational Therapy (OT Evaluation high	97167			\$88.80	60 min	
	84	84		complex 60 min)						
D6	37	74]	Occupational Therapy						
Professional Services	11	4A	4W	(OT re-evaluation est	97168			\$23.00	15 min	
	84	84		plan of care)						
D 6	37	74]	Occupational Therapy						
Professional Services	11	4A	4W	(Application of hot or	97010	GO		\$23.00	15 min	
	84	84		cold packs)						
				·			1			1
Professional	37 11	74 4A	4W	Occupational Therapy (Application of Traction,	97012	GO			15 min	

ISSUED: 07/01/22 REPLACED: 04/14/22

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	ofessi	ional S	Services (Occupat	tional '	Thera	apy)	continu	ed	
Professional	37	74	4337	Occupational Therapy	05014	GO				
Services	11 84	4A 84	4W	(Application of electrical stimulation/ unattended)	97014	GO		\$23.00	15 min	
	37	74		Occupational Therapy						
Professional	11	4A	4W	(Application of paraffin	97018	GO		022.00		
Services	84	84	1	bath)				\$23.00	15 min	
	37	74		Occupational Thomass						
Professional	11	4A	4W	Occupational Therapy (Application of	97022	GO		622.00	15 .	
Services	84	84		whirlpool)				\$23.00	15 min	
	37	74		Occupational Therapy						
Professional	11	4A	4W	(Application of electrical	97032	GO		622.00	15 min	
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	
Sel vices	84	84	1	iontophoresis)				\$23.00	13 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		0 4 17						
Professional Services	11	4A	4W	Occupational Therapy (Massage therapy)	97124	GO		\$23.00	15 min	
Services	84	84		(Massage merapy)				\$20.00	10 11111	
D 6 1 1	37	74		0 4 171						
Professional Services	11	4A	4W	Occupational Therapy (Manual therapy)	97140	GO		\$23.00	15 min	
	84	84		137						
Duofossional	37	74	1	Occupational Thorses						
Professional Services	11	4A	4W	Occupational Therapy (Therapeutic activities)	97530	GO		\$23.00	15 min	
	84	84								
Professional	37	74]	Occupational Therapy						
Services	11	4A	4W	(Cognitive skills	97129	GO		\$23.00	15 min	
	84	84		development)						
Professional	37	74	1	Occupational Therapy						
Services	11	4A	4W	(Wheelchair management)	97542	GO		\$23.00	15 min	
	84	84	<u> </u>	management)						

ISSUED: 07/01/22 REPLACED: 04/14/22

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	
	84	84		complex 20 min)				4		
Professional Services	35	65	4887	Physical Therapy	07163			644.40	20	
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 **	of care)	97164			\$23.00	15 min	
	35	65		,						
Professional	11		4W	Physical Therapy (Application of hot or	97010	GP				
Services	84	4A 84	4 **	cold packs)	9/010	Gr		\$23.00	15 min	
	35	65								
Professional	11	4A	4W	Physical Therapy (Application of traction,	97012	GP				
Services	84	84	4**	mechanical)	9/012	GI		\$23.00	15 min	
	35	65		·						
Professional	11	4A	4W	Physical Therapy (Application of electrical	97014	GP				
Services	84	84	4**	stimulation/ unattended)	9/014	GI		\$23.00	15 min	
	35	65		ŕ						
Professional	11	4A	4W	Physical Therapy (Application of paraffin	97018	GP				
Services	84	84	1 7 11	bath)	77010	Gi		\$23.00	15 min	
	35	65								
Professional	11	4A	4W	Physical Therapy (Application of	97022	GP				
Services	84	84	- ***	whirlpool)	91022	Gi		\$23.00	15 min	
	35	65								
Professional	11	4A	4W	Physical Therapy (Application of electrical	97032	GP				
Services	84	84	1	stimulation/ manual)	7,002	01		\$23.00	15 min	
	35	65		DI 1 177						
Professional	11	4A	4W	Physical Therapy (Application of	97033	GP				
Services	84	84	1	iontophoresis)	7,000	01		\$23.00	15 min	
	35	65								
Professional	11	4A	4W	Physical Therapy (Application of	97035	GP				
Services	84	84	1	ultrasound)	2.000			\$23.00	15 min	
	35	65								
n e i i	11	4A	1	DI + 170						
Professional Services	84	84	4W	Physical Therapy (Therapeutic Procedure)	97110	GP		\$23.00	15 min	

ISSUED: 07/01/22 REPLACED: 04/14/22

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	cal Th	erapy	y) coi	ıtinued		
D 6 : 1	35	65		Physical Therapy						
Professional Services	11	4A	4W	(neuromuscular	97112			\$23.00	15 min	
	84	84		re-education)				4-0111		
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	4887	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)	77300	0.1		\$23.00	15 min	
	35	65		Dhysical Thomany						
Professional	11	4A	4W	Physical Therapy (Wheelchair	97542	GP		622.00	15 .	
Services	84	84		Management)				\$23.00	15 min	
			Pro	ofessional Service	s (Soci	al W	ork)			
	73	73			Ì					
Professional	11	4A	4W	Social Worker	90847	AJ		\$18.00	15 min	
Services	84	84		(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	
~]	(4-3.00		
Professional	73	73	1	Social Worker						
Services	11	4A	4W	(Self-care Management Training)	97535	AJ		\$18.00	15 min	
	84	84		11aming)						
Professional	73	73	4777	Social Worker	0.555					
Services	11	4A	4W	(Community/ Work Reintegration)	97537	AJ		\$18.00	15 min	
	84	84	-							
	73	73 4A	-	Social Worker						
Professional	- 11	4A	4W	(Home visit assistance	99509	A T				
Services	84	84	4W	w/ADL's and personal care)	צטפעע	AJ		\$18.00	15 min	

ISSUED: 07/01/22 REPLACED: 04/14/22

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,	99510							
Services	11	4A				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 Procedure)								
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 84						\$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							15 min			
Services	84	84						\$18.00				
	73	73		Conial Wanton								
Professional	11	4A	4W	Social Worker (Skilled Training and Development)	H2014			610.00	15 .			
Services	84	84						\$18.00	15 min			
	73	73	4W	Social Worker (Psychosocial Rehab	H2017	AJ						
Professional Services	11	4A						\$18.00	15 min			
services	84	84		Services)								
	73	73		Social Worker								
Professional Services	11	4A	4W	(Therapeutic Behavior	H2019	AJ		\$18.00	15 min			
Services	84	84		Service)				\$10.00	13 11111			
D 6 : 1	73	73		Social Worker								
Professional Services	11	4A	4W	(Community-based Wrap	H2021	AJ		\$18.00	15 min			
	84	84		Around)								
	Professional Services (Psychology)											
Professional	31	62, 95,96		Psychologist								
Services	11	4A		(Interactive Psychological Diagnostic Interview)	90791			\$31.25	15 min			
	84	84	<u></u>									

ISSUED: 07/01/22 REPLACED: 04/14/22

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 (Individual								
Professional Services	11	4A	4W		90832			\$31.25	15 min			
561 11665	84	84		Psychotherapy)	70002			\$61120	10			
Professional	31	62, 95,96		Psychologist (Family therapy without patient present)	90846							
Services	11	4A	4W		20040			\$31.25	15 min			
	84	84										
Professional	31	62, 95,96	4W	Psychologist (Special Family Therapy w/ patient)	90847	AH						
Services	11	4A						\$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	96130							
Services	11	4A	4 **	(Psychological Testing by Psychologist				\$31.25	15 min			
	84	84 62,										
Professional	31	95,96	4W	Psychologist (Psychological Testing by Tech)	96138							
Services	11	4A						\$31.25	15 min			
	31	62,		Donald I. Co								
Professional	11	95,96 4A	4W	Psychologist (Neuropsychological testing)	96132			621.25	15 .			
Services	84	4A 84	- "					\$31.25	15 min			
	04	04				İ						

ISSUED: 07/01/22 REPLACED: 04/14/22

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	fessional Services (Psychology) continued								
	31	62, 95,96		Psychologist								
Professional Services	11	4A	4W	(Self-care Management	97535	AH		\$31.25	15 min			
	84	84		Training)								
	31	62, 95,96		Psychologist								
Professional Services	11	4A	4W	(Community/ Work	97537	AH		\$31.25	15 min			
501 11005	84	84		Reintegration)	,,,,,,			\$0112 0	10			
	31	62,		Psychologist								
Professional Services	11	95,96 4A	4W	(Home visit for Assistance with ADL's and Personal Care)	99509	AH		\$31.25	15 min			
Services	84	84						\$31.23	13 11111			
	31	62, 95,96	4W	Psychologist (Home Visit, Sing/M/Fam Counseling)	99510 AF				15 min			
Professional Services	11	4A				AH	\$31.25	\$31.25				
	84	84										
	31	62, 95,96	4W	Psychologist (Unlisted Home Visit	99600							
Professional Services	11	95,90 4A				AH	\$3	\$31.25	15 min			
Services	84	84		Service or Procedure)				Q21.20				
	31	62, 95,96		Psychologist	H0039 AF				15 min			
Professional Services	11	4A	4W	(Assertive Community Treatment Face to Face)		AH	\$31.25	\$31.25				
Sci vices	84	84						Φ51.25	13 11111			
	31	62, 95,96	4W	Psychologist (Mental Health Services, NOS)	H0046	АН						
Professional Services	11	4A						\$31.25	15 min			
	84	84						•••				
D 6 1 1	31	62, 95,96			H2011							
Professional Services	11	4A	4W	Psychologist (Crisis Intervention)		AH		\$31.25	15 min			
	84	84		(Chais mer vanier)								
Duofossional	31	62, 95,96		Psychologist	H2017	AH						
Professional Services	11	4A	4W	(Psychosocial Rehab Services)				\$31.25	15 min			
	84	84										
Professional	31	62, 95,96	4W	Psychologist (Therapeutic Behavior Service)	H2019	AH						
Services	11	4A						\$31.25	15 min			
	84	84		Service)								
Professional	31	62, 95,96		Psychologist	H2021	AH						
Professional Services	11	4A	4W	(Community-based Wrap Around)				\$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	
Permanent Supportive Housing Supports											
Permanent								\$15.11	15 Min.	72 units annually	
Supportive Housing	AW			Housing Stabilization	G9012			\$60.44	1 Hour		
Permanent				Housing Stabilization				\$15.11	15 Min.	93 units annually	
Supportive Housing	AW			Transition	G9012	U8		\$60.44	1 Hour		
			Adult	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 transportatio rate	15 min	Max 40 unit per day	
			Mo	onitored In-Hon	ıe Car	e Giv	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		