CHAPTER 38: RESIDENTIAL OPTIONS WAIVER APPENDIX E: BILLING CODES

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BILLING CODES

The following chart describes the codes and rates that are to be used with the Residential Options Waiver. Providers must bill the appropriate procedure code for the service performed.

HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB-SPECIALTY	SERVICE DESCRIPTION	PROCEDURZE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS
				Support Coor	dinati	on				
Case Management	45	81	4W	Support Coordination	T1016			\$135.99	1 flat monthly	12 annually
	<u> </u>	<u> </u>		Transition F	undin	g			I	
Community Transition Waiver	2	4 A		One time transition service	T2038			\$3000		Life time maximum limit
		(Comr	nunity Living Sup	ports (Resi	denti	al)		
Attendant Care Services	82	82	4W	Community Living Supports – 1 Person	S5125			\$4.63	15 min	
Attendant Care Services	82	82	4W	Community Living Supports – 2 Persons	S5125	UN		\$3.31	15 min	
Attendant Care Services	82	82	4W	Community Living Supports – 3 persons	\$5125	UP		\$2.71	15 min	
		Host I	Home	e Services-Childrei	ı unde	er 18	(Resi	dential)	
Foster Care	84	84	4W	Host Home Level 1	S5140	НА		\$52.95	Per diem	
Foster Care	84	84	4W	Host Home Level 2	S5140	TF	HA	\$57.05	Per diem	
Foster Care	84	84	4W	Host Home Level 3	S5140	TG	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	8 and	over	(Resi	dential)	
Foster Care Adult	84	84	4W	Host Home Level 1	S5140			\$52.67	Per diem	
Foster Care Adult	84	84	4W	Host Home Level 2	S5140	TF		\$57.05	Per diem	
Foster Care Adult	84	84	4W	Host Home Level 3	S5140	TG		\$64.11	Per diem	
Foster Care Adult	84	84	4W	Host Home Level 4	S5140	U2		\$69.32	Per diem	
			Com	panion Care Serv	vices (F	Reside	ential	l)		
Companion Care, Adult	82	82	4W	Companion Care	S5136			\$92.02	Per diem	
				Living Services-N		-	-	- '		
	T	Prov	ider I	Leased or Owned	Reside	nce (Resic	lential)	[
Habilitation, Residential	11	4A	4G	Shared Living – Level 1	T2016			\$82.33	Per diem	
Habilitation Residential	11	4 A	4G	Shared Living – Level 2	T2016	TF	HQ	\$90.81	Per diem	
Habilitation Residential	11	4 A	4G	Shared Living – Level 3	T2016	TG	HQ	\$104.08	Per diem	
Habilitation Residential	11	4 A	4G	Shared Living – Level 4	T2016	U2	HQ	\$123.09	Per diem	
			Sh	ared Living-New	(Up to	3 peo	ople)		L	
]	Partic	ipant	Leased or Owned	l Resid	ence	(Res	idential)	
Habilitation, Residential	11	4 A	4L	Shared Living – Level 1	T2016	НQ		\$82.33	Per diem	
Habilitation Residential	11	4 A	4L	Shared Living – Level 2	T2016	TF	HQ	\$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
	Dautia	·		ared Living-New (· -	-			tin u a d	
	Paruc	ipant	Leas	ed or Owned Resi	dence	(Resi	aenu	ai) con	unuea	
Habilitation Residential	11	4 A	4L	Shared Living – Level 3	T2016	TG	HQ	\$104.08	Per diem	
Habilitation Residential	11	4 A	4L	Shared Living – Level 4	T2016	U2	HQ	\$123.09	Per diem	
Shared	Livin	g-Cor	iversi	on/Provider Leas	ed or (Owne	d Re	sidence	(Residen	tial)
Residential Care, (NOS), Waiver	11	4 A	4J	Shared Living – Level 1 Up to 4 people	T2033	UQ		\$61.81	Per diem	
Residential Care, (NOS), Waiver	11	4A	4J	Shared Living – Level 2 Up to 4 people	T2033	TF	UQ	\$70.09	Per diem	
Residential Care, (NOS), Waiver	11	4A	4J	Shared Living – Level 3 Up to 4 people	T2033	TG	UQ	\$84.86	Per diem	
Residential Care, (NOS), Waiver	11	4 A	4J	Shared Living – Level 4 Up to 4 people	T2033	U2	UQ	\$111.26	Per diem	
Shared I	Living	-Conv	versio	n/Participant Lea	sed or	Own	ed R	esidenc	e (Reside	ential)
Residential Care, (NOS), Waiver	11	4 A	4H	Shared Living – Level 1 Up to 4 people	T2033	UQ		\$61.81	Per diem	
Residential Care, (NOS), Waiver	11	4 A	4Н	Shared Living – Level 2 Up to 4 people	T2033	TF	UQ	\$70.09	Per diem	
Residential Care, (NOS), Waiver	11	4A	4H	Shared Living – Level 3 Up to 4 people	T2033	TG	UQ	\$84.86	Per diem	
Residential Care, (NOS), Waiver	11	4 A	4H	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	ise Sy	ysten	1		
Personal Emergency Response System	16	90		Installation	S5160			\$30.00	Install- ation	
Personal Emergency Response System	16	90		Monthly Service Fee	85161			\$27.00	Monthly	

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HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB- SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS
			Tra	nsportation (Resid	lential	Servi	ces)			
Transportation Local Trip	42	4X	4W	Transportation Regular - (Comm Access)	T2001	U1		\$5.58	One-way	730
Transportation –Local Trip	42	4A 4X 4A	4W	Transportation Wheel chair – (Comm Access)	A0090			\$9.32	One-way	730
(W/C)			A	daptation/Accessi	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	85165				Per Service	
				Vocational S	ervices	6	1		I	
Supported Employment	98	98		Supported Employment, Individual Job and Assistance with Micro Enterprise	H2023	TT		\$13.00	15 min	Up to 8 Units per day
Supported Employment	98	98		Supported Employment Virtual Individual Job Follow Along 1:1	H2023	ТТ	GT	\$13.63	15 Min	Up to 8 Units per day
Supported Employment	98	98		Supported Employment, Mobile Crew or Enclave	H2026			\$2.73	15 Min	32 Units per Day
Non-Emergency Transportation	98	98		Regular Transportation for Supported Employment Services	T2003	SE		\$6.00	One way	
Non-Emergency Transportation	98	98		Wheel chair Transportation for Supported Employment Services	A0130	SE		\$10.00	One way	
Habilitation, Prevocational	13	36		Pre-Vocational	T2025			\$2.88	15 Min	32 Units per Day
Non-Emergency Transportation	13	36		Regular Transportation for Prevocational Services	T2003			\$6.00	One way	10 units per week

LOUISIANA MEDICAID PROGRAM

ISSUED: 09/15/22 REPLACED: 07/01/22

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

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APPENDIX E: BILLING CODES

HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB-SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS
			V	ocational Service	es (con	tinue	d)			
Non-Emergency Transportation	13	36		Wheel chair Transportation for Prevocational Services	A0130			\$10.00	One way	10 units per week
Day Habilitation	14	50		Day Habilitation	T2021			\$2.48	15 Min	32 Units per Day
Day Habilitation	14	50		Virtual Day Habilitation Typical Community Life Engagement Activities 1:8	T2021	GT		\$2.98	15 Min	Up to 20 Units per day
Day Habilitation	14	50		Day Habilitation Small Group Community 1:3/4	T2021	UQ		\$3.88	15 Min	Up to 20 Units per day
Non-Emergency Transportation	14	50		Regular Transportation for Day Habilitation	T2003	U6		\$6.00	One way	10 units per week
Non-Emergency Transportation	14	50		Wheel chair Transportation for Day Habilitation	A0130	U6		\$10.00	One way	10 units per week
				Nursing Se	ervices					
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	ТТ		\$35.70	Per visit	
In Home	44	87	4337	LPN-Extended Services	60124					
Nursing Care by LPN	11	4A	4W	(1 person)	S9124			\$41.60	Per hour	
In Home	44	87		LPN-Extended Services	GOID					
Nursing Care by LPN	11	4 A	4W	(up to 2 persons)	S9124	TT		\$20.80	Per Hour	
RN Intermittent	44	87		Nursing RN						
Services	11	4 A	4W	(1 person)	G0299			\$89.51	Per visit	
RN Extended	44	87		Nursing RN	00100					
Services	11	4A	4W	(up to 2 persons)	S9123	TT		\$21.10	Per hour	
RN Extended	44	87		Nursing RN	00100					
Services	11	4A	4W	(1 person)	S9123			\$44.20	Per hour	
RN Intermittent	44	87	4W	Nursing RN		тт				
Services	11	4 A	4 11	(up to 4 persons)	G0299	TT		\$44.62	Per visit	

ISSUED: 09/15/22

REPLACED: 07/01/22

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APPENDIX E: BILLING CODES

Professional Services (Registered Dietician)Professional Services41,11, 844R4WRegistered Dietician (Individual)97802\$9.0015 minProfessional Services41,11, 844R4WRegistered Dietician (Individual, Subsequent)97803\$9.0015 minProfessional Services41,11, 844R4WRegistered Dietician (Group)97804\$9.0015 minProfessional Services41,11, 844R4WRegistered Dietician (Group)97804\$9.0015 minProfessional Services3971 114A4WSpeech Therapy Evaluation of Speech Fluency (c.g. stutcing, cluttering)92521\$21.0015 minProfessional Services114A4WSpeech Therapy Evaluation of Speech sound production (e.g. articulation, phonological process, apraxia, dysarthria)92522\$21.0015 minProfessional Services114A4WSpeech Therapy Evaluation of Speech sound production (e.g. articulation, phonological process, apraxia, dysarthria)92522\$21.0015 minProfessional Services114A4WSpeech Therapy Evaluation of Speech Sound Production (e.g. articulation, e.g. apraxia, dysarthria)92523\$21.0015 min	STANDARD UNIT OF SERVICE	RATE	MODIFIER 2	MODIFIER 1	PROCEDURE CODE	SERVICE DESCRIPTION	PROVIDER SUB-SPECIALTY	PROVIDER SPEC	PROVIDER TYPE	HIPAA CODE NAME
Services044R4WArg (Individual)97802\$9.0015 minProfessional Services41,11, 844R4WRegistered Dietician (Individual, Subsequent)97803\$9.0015 minProfessional Services41,11, 844R4WRegistered Dietician (Group)97804\$9.0015 minProfessional Services41,11, 844R4WRegistered Dietician (Group)97804\$9.0015 minProfessional Services3971Speech Therapy (e.g. stuttering, cluttering)92521\$21.0015 minProfessional Services3971Speech Therapy Evaluation of Speech sound production (e.g. attutering, cluttering)92522\$21.0015 minProfessional Services114A4WSpeech Therapy 		an)	ietici	ed D	egister	ional Services (R	rofess	Р		
Services844R4W(Individual, Subsequent)97803\$9.0015 minProfessional Services41,11, 844R4WRegistered Dietician (Group)97804\$9.0015 minProfessional Services3971 114A4WSpeech Therapy Evaluation of Speech Fluency (e.g. stuttering)92521\$21.0015 minProfessional Services3971 114A4WSpeech Therapy Evaluation of Speech Fluency (e.g. stuttering)92521\$21.0015 minProfessional Services114A4WSpeech Therapy Evaluation of Speech sound production (e.g. articulation, phonological process, apraxia, dysarthria)92522\$21.0015 minProfessional Services114A4WSpeech Therapy Evaluation of Speech Sound Production (e.g. articulation, phonological process, apraxia, dysarthria)92522\$21.0015 minProfessional Services114A4WSpeech Therapy Evaluation of Speech Sound Production (e.g. articulation, phonological process, apraxia, dysarthria)92522\$21.0015 minProfessional Services114A4WSpeech Therapy Evaluation of Speech Sound Production (e.g. articulation, phonological process, apraxia, dysarthria)92523\$21.0015 min	15 min	\$9.00			97802		4W	4R		
Services844R4WGroup)97804\$9.0015 minProfessional Services3971A4WSpeech Therapy Evaluation of Speech (e.g. stuttering)92521\$21.0015 minProfessional Services3971A4WSpeech Therapy Evaluation of Speech cluttering)92521\$21.0015 minProfessional Services3971ASpeech Therapy Evaluation of Speech cluttering)92522\$21.0015 minProfessional Services114A4WSpeech Therapy Evaluation of Speech sound production (e.g. articulation, phonological process, apraxia, dysarthria)92522\$21.0015 minProfessional Services3971Speech Therapy Evaluation of Speech Sound Production (e.g. articulation, phonological process, apraxia, dysarthria)92523\$21.0015 minProfessional Services114A4WSpeech Therapy Evaluation of Speech Sound Production (e.g. articulation, phonological process, apraxia, dysarthria)92523\$21.0015 min	15 min	\$9.00			97803		4W	4R		
Professional Services3971 114A4WSpeech Therapy Evaluation of Speech fluency (e.g. stuttering, cluttering)92521\$21.0015 minProfessional Services3971 114A4WSpeech Therapy Evaluation of Speech sound production (e.g. articulation, phonological process, apraxia, dysarthria)92521\$21.0015 minProfessional Services114A4WSpeech Therapy Evaluation of Speech sound production (e.g. articulation, phonological process, apraxia, dysarthria)92522\$21.0015 minProfessional Services3971Speech Therapy Evaluation of Speech sound Production (e.g. articulation, phonological process, apraxia, dysarthria)92522\$21.0015 minProfessional Services114A4WSpeech Therapy Evaluation of Speech sound Production (e.g., articulation, phonological process, apraxia, dysarthria)92523\$21.0015 minProfessional Services114A4WSpeech Therapy Evaluation of Speech Sound Production (e.g., articulation, phonological process, apraxia, dysarthria)92523\$21.0015 min	15 min	\$9.00			97804		4W	4R		
Professional Services114A4WEvaluation of Speech Fluency (e.g. stuttering, cluttering)92521\$21.0015 minProfessional Services3971Speech Therapy Evaluation of Speech sound production (e.g. articulation, phonological process, apraxia, dysarthria)92521\$21.0015 minProfessional Services114A4WSpeech Therapy Evaluation of Speech sound production (e.g. articulation, phonological process, apraxia, dysarthria)92522\$21.0015 minProfessional Services114A4WSpeech Therapy Evaluation of Speech sound Production (e.g., articulation, phonological process, apraxia, dysarthria)92522\$21.0015 minProfessional Services114A4WSpeech Therapy evaluation of Speech sound Production (e.g., articulation, phonological process, apraxia, dysarthria)92523\$21.0015 min		/)	erapy	h The	(Speecl	essional Services	Profe			
Professional Services114A4WFluency (e.g. stuttering, cluttering)92521\$21.0015 min848484Speech Therapy Evaluation of Speech sound production (e.g. articulation, phonological process, apraxia, dysarthria)92522\$21.0015 minProfessional Services114A4WSpeech Therapy Evaluation of Speech sound production (e.g. articulation, phonological process, apraxia, dysarthria)92522\$21.0015 minProfessional Services3971Speech Therapy Evaluation of Speech Sound Production (e.g., articulation, phonological process, apraxia, dysarthria)92523\$21.0015 minProfessional Services114A4WSpeech Therapy Evaluation of Speech Sound Production (e.g., articulation, phonological process, apraxia, dysarthria)92523\$21.0015 min								71	39	
8484Cluttering)3971Speech Therapy Evaluation of Speech sound production (e.g. articulation, phonological process, apraxia, dysarthria)92522\$21.0015 min8484Speech Therapy Evaluation of Speech sound production (e.g. articulation, phonological process, apraxia, dysarthria)92522\$21.0015 minProfessional Services3971Speech Therapy Evaluation of Speech Sound Production (e.g., articulation, phonological process, apraxia, dysarthria)92523\$21.0015 minProfessional Services114A4WSpeech Therapy Evaluation of Speech Sound Production (e.g., articulation, phonological process, apraxia, dysarthria)92523\$21.0015 min	15 min	\$21.00			92521	Fluency	4W	4 A	11	
3971Evaluation of Speech sound production (e.g. articulation, phonological process, apraxia, dysarthria)92522\$21.0015 min848484Speech Therapy Evaluation of Speech sound Production (e.g., articulation, phonological process, apraxia, dysarthria)92522\$21.0015 minProfessional Services3971Speech Therapy Evaluation of Speech Sound Production (e.g., articulation, phonological process, apraxia, dysarthria)92523\$21.0015 minProfessional Services114A4WSpeech Therapy Evaluation of Speech sound Production (e.g., articulation, phonological process, apraxia, dysarthria)92523\$21.0015 min								84	84	
Professional Services114A4Wsound production (e.g. articulation, phonological process, apraxia, dysarthria)92522\$21.0015 min848484Speech Therapy Evaluation of Speech Sound Production (e.g., articulation, phonological process, apraxia, dysarthria)92522\$21.0015 minProfessional Services114A4WSpeech Therapy Evaluation of Speech Sound Production (e.g., articulation, phonological process, apraxia, dysarthria)92523\$21.0015 minProfessional Services114A4WSpeech Therapy evaluation of Speech sound Production (e.g., articulation, phonological process, apraxia, dysarthria)92523\$21.0015 min								71	39	
8484apraxia, dysarthria)3971Speech Therapy Evaluation of Speech Sound Production (e.g., articulation, phonological process, apraxia, dysarthria)92523Professional Services114A4W4Wapraxia, dysarthria) with evaluation of language comprehension and expression (e.g., receptive and92523	15 min	\$21.00			92522	sound production	4W	4 A	11	
3971Speech Therapy Evaluation of Speech Sound Production (e.g., articulation, phonological process, apraxia, dysarthria) with evaluation of language comprehension and expression (e.g., receptive and925238484(e.g., receptive and								84	84	
Professional Services 11 4A 4W apraxia, dysarthria) with evaluation of language comprehension and expression (e.g., receptive and 92523 \$21.00 15 min						Speech Therapy Evaluation of Speech Sound Production (e.g., articulation,		71	39	
84 84 expression (e.g., receptive and	15 min	\$21.00			92523	apraxia, dysarthria) with evaluation of language	4W	4 A	11	
expressive language)						expression		84	84	
39 71 Speech Therapy								71	39	
Professional Services114A4WBehavioral and Qualitative Analysis of92524\$21.0015 min	15 min	\$21.00			92524		4W	4 A	11	
84 84 Voice and Resonance										
Professional 39 71 Speech Therapy					00505					Professional
Services 11 4A 4W (Speech Language 9250/ \$21.00 15 min	15 min	\$21.00			92507		4W			
						· · · · · · · · · ·				
39 71 Speech Therapy Professional 11 4A 4W (Laryngeal function 92520 531.00 15 min					02520		1337			Professional
Services114A4w(Laryngeal function studies)92520\$21.0015 min	15 min	\$21.00			92320		4 VV			Services

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HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB- SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS
		Prof	ession	al Services (Spee	ch The	erapy) con	tinued		
	39	71								
Professional Services	11	4 A	4W	Speech Therapy (Oral function therapy)	92526			\$21.00	15 min	
	84	84								
Professional	39	71		Speech Therapy						
Services	11	4 A	4W	(Evaluation for non-	92605			\$21.00	15 min	
	84	84		speech device RX)						
Professional	39	71		Speech Therapy						
Services	11	4A	4W	(Non-speech device service)	92606			\$21.00	15 min	
	84	84		servicej						
Professional	39	71	4337	Speech Therapy	00/05					
Services	11 84	4A 84	4W	(Ex for speech device RX)	92607			\$21.00	15 min	
	39	- 04 - 71		,						
Professional	11	4A	4W	Speech Therapy (Evaluate swallowing	92610					
Services	84	84		function)	92010			\$21.00	15 min	
	39	71								
Professional	11	4A	4W	Speech Therapy	97530	GN				
Services	84	84		(Therapeutic activities)				\$2.00	15 min	
	39	71		Speech Therapy						
Professional	11	4A	4W	(Cognitive skills	97129	GN		\$21.00	15 min	
Services	84	84		development)				\$21.00	15 min	
		Pr	ofessi	onal Services (Oc	cupati	onal	Ther	apy)		
	37	74		Occupational Thereasy	-					
Professional	11	4A	4W	Occupational Therapy (OT Evaluation low	071(5			644.40	20 .	
Services	84	84		complex 30 min)	97165			\$44.40	30 min	
Professional	37	74	4W	Occupational Therapy						
Services	11 84	4A 84	4	(OT Evaluation mod complex 45min)	97166			\$66.60	45 min	
Professional	84 37	84 74	4W	Occupational Therapy						
Services	11	4 A	1	(OT Evaluation high	97167			\$88.80	60 min	
	84	84		complex 60 min)						
Professional	37	74		Occupational Therapy						
Services	11	4A	4W	(OT re-evaluation est plan of care)	97168			\$23.00	15 min	
	84	84		1 /						
Professional	37 11	74 4A	4W	Occupational Therapy	97010	GO				
Services	84	4A 84	4 **	(Application of hot or cold packs)	97010	60		\$23.00	15 min	
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of Traction,	97012	GO		\$23.00	15 min	
Ser vices	84	84		Mechanical)				φ 20.00		

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HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB- SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS
	Pı	ofessi	ional S	Services (Occupat	tional '	Thera	apy) (continu	ed	
Professional	37	74	477.	Occupational Therapy						
Services	11 84	4A 84	4W	(Application of electrical stimulation/ unattended)	97014	GO		\$23.00	15 min	
	37	74								
Professional	11	4A	4 W	Occupational Therapy (Application of paraffin	97018	GO		£22.00	15 .	
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)				\$25.00	15 1111	
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of electrical	97032	GO		\$23.00	15 min	
Services	84	84		stimulation/ manual)				\$25.00	15 1111	
	37	74		Occupational Therapy						
Professional Services	11	4 A	4W	(Application of	97033	GO		\$23.00	15 min	
	84	84		iontophoresis)						
D.C. 1	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of	97035	GO		\$23.00	15 min	
	84	84		ultrasound)						
Professional	37	74		Occupational Therapy						
Services	11	4A	4W	(OT Therapeutic	97110	GO		\$23.00	15 min	
	84	84		Procedure)						
Professional	37	74		Occupational Therapy						
Services	11	4A	4W	(Massage therapy)	97124	GO		\$23.00	15 min	
	84	84								
Professional	37	74		Occupational Therapy						
Services	11	4A	4W	(Manual therapy)	97140	GO		\$23.00	15 min	
	84	84								
Professional	37	74		Occupational Therapy	0					
Services	11	4A	4W	(Therapeutic activities)	97530	GO		\$23.00	15 min	
	84	84								
Professional	37	74	4337	Occupational Therapy		60				
Services	11	4A	4W	(Cognitive skills development)	97129	GO		\$23.00	15 min	
	84	84		1 /						
Professional	37 11	74 4A	4W	Occupational Therapy (Wheelchair	97542	GO				
Services	84	4A 84	-+ VV	(wheelchair management)	2/342	60		\$23.00	15 min	
	04	04		<i>,</i>						

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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	
	84	84		complex 20 min)					-	
Professional Services	35	65	4337	Physical Therapy	071(2			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	•••	of care)	97164			\$23.00	15 min	
	35	65								
Professional	11	4A	4W	Physical Therapy (Application of hot or	97010	GP				
Services	84	84		cold packs)				\$23.00	15 min	
	35	65		Physical Therapy						
Professional Services	11	4A	4 W	(Application of traction,	97012	GP		\$23.00	15 min	
Services	84	84		mechanical)				\$23.00	15 1111	
	35	65		Physical Therapy						
Professional Services	11	4 A	4W	(Application of electrical	97014	GP		\$23.00	15 min	
Services	84	84		stimulation/ unattended)				\$20.00	10 1111	
	35	65		Physical Therapy						
Professional Services	11	4 A	4W	(Application of paraffin	97018	GP		\$23.00	15 min	
	84	84		bath)						
Professional	35	65	-	Physical Therapy						
Services	11	4 A	4W	(Application of whirlpool)	97022	GP		\$23.00	15 min	
	84	84		wiinipoor)						
Professional	35	65		Physical Therapy		CP				
Services	11	4A	4W	(Application of electrical stimulation/ manual)	97032	GP		\$23.00	15 min	
	84 35	84 65		· · · · · ·						
Professional	35 11	05 4A	4W	Physical Therapy (Application of	97033	GP				
Services	84	4A 84	-+ VV	iontophoresis)	97033	Gr		\$23.00	15 min	
	35	65		- /						
Professional	11	4A	4W	Physical Therapy (Application of	97035	GP				
Services	84	84		ultrasound)	2.000			\$23.00	15 min	
	35	65								
Duofossional	11	4A		Dhysical Theremy						
Professional Services	84	84	4W	Physical Therapy (Therapeutic Procedure)	97110	GP		\$23.00	15 min	

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		Profe	essiona	al Services (Physi	ical Th	erapy	y) coi	ntinued		
	35	65		Physical Therapy						
Professional Services	11	4 A	4W	(neuromuscular	97112			\$23.00	15 min	
	84	84		re-education)						
Professional	35	65		Physical Therapy						
Services	11	4A	4W	(Gait training)	97116			\$23.00	15 min	
	84	84								
Professional	35 11	65 4A	4W	Physical Therapy	97124	GP				
Services	84	4A 84	4 11	(Massage therapy)	9/124	Gr		\$23.00	15 min	
	35	65								
Professional	11	4A	4W	Physical Therapy	97140	GP				
Services	84	84		(Manual therapy)				\$23.00	15 min	
	35	65								
Professional Services	11	4A	4 W	Physical Therapy (Therapeutic activities)	97530	GP		\$23.00	15 min	
Services	84	84		(Therapeutic activities)				\$23.00	15 1111	
	35	65		Physical Therapy						
Professional Services	11	4 A	4W	(Wheelchair	97542	GP		\$23.00	15 min	
	84	84		Management)						
			Pro	ofessional Service	es (Soci	al W	ork)			
	73	73								
Professional Services	11	4 A	4W	Social Worker (Family psychotherapy)	90847	AJ		\$18.00	15 min	
Services	84	84		(runniy psychotherapy)				\$10.00	10 1111	
	73	73								
Professional	11	4A	-	Social Worker						
Services	84	84	4W	(Group psychotherapy)	90853	AJ		\$18.00	15 min	
			-							
Professional	73	73	4W	Social Worker	07535	A T				
Services	11 84	4A 84	4 W	(Self-care Management Training)	97535	AJ		\$18.00	15 min	
	73	73								
Professional	11	4A	4W	Social Worker (Community/ Work	97537	AJ				
Services	84	84		Reintegration)	21001	10		\$18.00	15 min	
	73	73								
	11	4A		Social Worker						
Professional Services	84	84	4W	(Home visit assistance w/ADL's and personal care)	99509	AJ		\$18.00	15 min	

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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	4 A	4W	(Unlisted Home Visit Service or Procedure)	99600	AJ		\$18.00	15 min		
	84	84		Service of Trocedure)							
Professional	73	73		Social Worker							
Services	11	4A	4W	(HHCP-SVS of CSW)	G0155		\$18.0	\$18.00	15 min		
	84	84									
Professional Services	73	73	4W	Social Worker (Assertive Community treatment face to face)	H0039	AJ					
	11	4A						\$18.00	15 min		
	84 73	84 73		,							
Professional	11	4A	4W	Social Worker (Mental Health Services, NOS)	H0046	AJ					
Services	84	84						\$18.00	15 min		
	73	73		W Social Worker (Crisis Intervention)	H2011	AJ					
Professional	11	4A	4W					\$18.00	15 min		
Services	84	84									
	73	73									
Professional	11	4A	4W	Social Worker (Skilled Training and Development)	H2014						
Services	84	84						\$18.00	15 min		
	73	73		Social Worker	H2017	AJ					
Professional	11	4A	4W	(Psychosocial Rehab				\$18.00	15 min		
Services	84	84		Services)							
	73	73		Social Worker							
Professional Services	11	4A	4W	(Therapeutic Behavior	H2019	AJ	ſ	\$18.00	15 min		
SCI VICES	84	84]	Service)					15 1111		
	73	73		Social Worker							
Professional Services	11	4 A	4W	(Community-based Wrap	H2021	AJ		\$18.00	15 min		
501 (1005	84	84		Around)				\$10.00	10 1111		
Professional Services (Psychology)											
Professional	31	62, 95,96		Psychologist (Interactive	90791						
Services	11	4A		(Interactive Psychological Diagnostic Interview)				\$31.25	15 min		
	84	84									

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	Professional Services (Psychology) continued										
	31	62, 95,96		Psychologist							
Professional Services	11	4A	4W	(Individual	90832			\$31.25	15 min		
~~~~~~~	84	84		Psychotherapy)							
Professional	31	62, 95,96		<b>Psychologist</b> (Family therapy without patient present)	90846						
Services	11	4A	<b>4</b> W				\$31.25	\$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	АН					
Services	11	4A						\$31.25	15 min		
	84	84									
Professional	31	62, 95,96	4W	<b>Psychologist</b> (Pharmacologic Management)	90863						
Services	11	<b>4</b> A						\$31.25	15 min		
	84	84									
Professional	31	62, 95,96	4W	<b>Psychologist</b> (Psychological Testing by							
Services	11	4A		Psychologist	96130			\$31.25	15 min		
	84	84 62,									
Professional Services	31	95,96	4W	<b>Psychologist</b> (Psychological Testing by Tech)	96138						
	11	4A						\$31.25	15 min		
	84 31	84 62,		Davahalagiat							
Professional	11	95,96 4A	<b>4</b> W	Psychologist (Neuropsychological testing)	96132			¢21.35	15		
Services	84	4A 84	•					\$31.25	15 min		
	04	04									

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		1	ofessional Services (Psychology) continued								
	31	62, 95,96		Psychologist	97535	AH					
Professional Services	11	4A	<b>4W</b>	(Self-care Management				\$31.25	15 min		
	84	84		Training)							
Professional	31	62, 95,96		Psychologist							
Services	11	4A	4W	(Community/ Work Reintegration)	97537	AH		\$31.25	15 min		
	84	84									
Professional	31	62, 95,96	433.7	<b>Psychologist</b> (Home visit for Assistance with ADL's	99509						
Services	11	4A	4W			AH		\$31.25	15 min		
	84	84		and Personal Care)							
Professional	31	62, 95,96	4W	<b>Psychologist</b> (Home Visit, Sing/M/Fam Counseling)	99510	АН		\$31.25			
Services	11	4A				АП			15 min		
	84	84 62,			<u> </u>	-					
Professional	31	95,96	4W	Psychologist (Unlisted Home Visit	99600	АН		\$31.25	15 min		
Services	11 84	4A 84		Service or Procedure)							
	31	62, 95,96	4W	Psychologist		39 AH					
Professional Services	11	4A		(Assertive Community Treatment Face to Face)	H0039			\$31.25	15 min		
	84	84									
Professional	31	62, 95,96	4W	Psychologist (Mental Health Services, NOS)	H0046	АН					
Services	11	4A						\$31.25	15 min		
	84	84									
Professional	31	62, 95,96		Psychologist	H2011						
Services	11	4A	4W	(Crisis Intervention)		AH		\$31.25	15 min		
	84	84 62,									
Professional	31	95,96	4W	<b>Psychologist</b> (Psychosocial Rehab	H2017	AH					
Services	11	4A	-+ VV	(Psychosocial Renab Services)				\$31.25	15 min		
	84 31	84 62,		Psychologist (Therapeutic Behavior		АН					
Professional	11	95,96 4A	4W		or <b>H2019</b>				15 min		
Services	84	84		Service)				\$31.25	15 min		
	31	62, 95,96		Psychologist	H2021	АН					
Professional Services	11	4A	4W	(Community-based Wrap Around)				\$31.25	15 min		
	84	84		i nounu)							

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	Permanent Supportive Housing Supports											
Permanent					C0012			\$15.11	15 Min.	72 units annually		
Supportive Housing	AW			Housing Stabilization	G9012			\$60.44	1 Hour			
Permanent						Housing Stabilization	C0012	LIO.		\$15.11	15 Min.	93 units annually
Supportive Housing	AW			Transition	G9012	U8		\$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 transportatio rate	15 min	Max 40 unit per day		
Monitored In-Home Care Giving												
Monitored In- Home Care Giving	MI	35		Waiver Service - not otherwise specified Level 1	T2033			\$90.03	per diem			
Monitored In- Home Care Giving	MI	35		Waiver Service - not otherwise specified Level 2	T2033	TG		\$135.04	per diem			
Monitored In- Home Care Giving	MI	35		Assessment	T1028	TU		\$250.00	one time			