

CHAPTER 32: NEW OPPORTUNITIES WAIVER

APPENDIX E – BILLING CODES

PAGE(S) 4

SERVICE PROCEDURE CODES/RATES

Provider Type	Proc. Code	Modifier	Waiver Service Description	HIPAA Service Description	Units/Limits
45	T2023		Case Management (not a waiver service)		Monthly
45	T2023	TG	Case Management (not a waiver service)		Monthly
83	T1005	HQ	Center-Based Respite	Respite Care	15 minutes \$4.00/Not to Exceed 2,880 ¼ hour units per CPOC year (exceptions granted)
01 or 82	S5125	U1	Individual & Family Support (IFS) - Day	Attendant Care Services	15 minutes \$4.63
01 or 82	S5125	U1 and UN	IFS Shared Support, 2 persons – Day	Attendant Care Services	15 minutes \$3.20
01 or 82	S5125	U1 and UP	IFS Shared Support, 3 persons - Day	Attendant Care Services	15 minutes \$2.71
01 or 82	S5125	UJ	Individual & Family Support (IFS) - Night	Attendant Care Services	15 minutes \$3.38
01 or 82	S5125	UN and UJ	IFS Shared Support, 2 persons - Night	Attendant Care Services	15 minutes \$2.25
01 or 82	S5125	UP and UJ	IFS Shared Support, 3 persons - Night	Attendant Care Services	15 minutes \$1.83
89	T2016		Supported Independent Living (SIL)	Habilitation Residential	Day \$20.00
82 or 89	T2025		Community Integration & Development	Waiver Services	15 minutes \$3.50/NTE 240 ¼ hour units per CPOC year in combination with T2025 UN and T2025 UP
82 or 89	T2025	UN	Community Integration & Development, 2 persons	Waiver Services	15 minutes \$2.00/NTE 240 ¼ hour units per CPOC year in combination with T2025 and T2025 UP
82 or 89	T2025	UP	Community Integration & Development, 3 persons	Waiver Services	15 minutes \$1.50/NTE 240 ¼ hour units per CPOC year in combination with T2025 and T2025 UN
84	S5140		Substitute Family Care (SFC)	Foster Care, Adult	Day \$20.00
14	T2021		Day Habilitation	Day Habilitation	15 minutes \$2.39/ NTE maximum of 32 ¼ hour units per day and 8,320 ¼ hour units per CPOC year
14	T2021	UQ	Day Habilitation 1-4	Day Habilitation	15 minutes \$3.41
14	T2003	HB, U6	Day Habilitation Non-Emergency Transportation	Non-Emergency Transportation	Day (one-way) \$6.00/NTE 2 one-way trips per day, including SE transportation
14	A0130	HB, U6	Day Habilitation Non-Emergency Transportation - wheelchair	Non-Emergency Transportation - wheelchair	Day (one-way) \$10.00/NTE 2 one-way trips per day including SE transportation
14	T2021	GT	Virtual Day Habilitation	Adult Day Habilitation-Waiver	15 minutes \$2.98

CHAPTER 32: NEW OPPORTUNITIES WAIVER

APPENDIX E – BILLING CODES

PAGE(S) 4

Provider Type	Proc. Code	Modifier	Waiver Service Description	HIPAA Service Description	Units/Limits
14	T2025	UQ	Virtual Day Habilitation	Adult Day Habilitation-Waiver	15 minutes \$3.88
14	T2021	GT	Virtual Day Habilitation	Adult Day Habilitation-Waiver	15 minutes \$2.98
44	T1002		RN Services	RN Services	15 minutes \$11.05
44	T1002	UN	RN Services, 2 persons	RN Services, 2 persons	15 minutes \$8.29
44	T1002	UP	RN Services, 3 persons	RN Services, 3 persons	15 minutes \$7.29
44	T1003		LPN/LVN Services	LPN/LVN Services	15 minutes \$10.40
44	T1003	UN	LPN/LVN Services, 2 persons	LPN/LVN Services	15 minutes \$7.80
44	T1003	UP	LPN/LVN Services, 3 persons	LPN/LVN Services	15 minutes \$6.86
44,82,89	H2017	U7	Professional Services - Psychologist	Psychosocial Rehabilitation Services	15 minutes \$31.25/NTE \$2,250 per CPOC year in combination with H2017 AJ and H2017 AE (exceptions granted)
44,82,89	H2017	AJ	Professional Services - Social Worker	Psychosocial Rehabilitation Services	15 minutes \$9.38/NTE \$2,250 per CPOC year in combination with H2017 U7 and H2017 AE (exceptions granted)
44,82,89	H2017	AE	Nutrition/Dietary Services	Psychosocial Rehabilitation Services	15 minutes \$9.00 NTE \$2,250 per CPOC year in combination with H2017 AJ and H2017 U7 (exceptions granted)
15	S5165		Environmental Access. (Ramp)	Environmental Access. (Ramp)	\$7,000.00 per recipient for a three year period.
15	E0627		Environmental Access. (Lift)	Environmental Access. (Lift)	
15	E0625		Environmental Access. (Bathroom)	Environmental Access. (Bathroom)	
15	S5165	NU	Environmental Access. (Other)	Environmental Access. (Other)	
17	E0630		Medical Equip. & Supplies (lifts)	Medical Equip. & Supplies (lifts)	\$1,000.00 per recipient for a three year period.
17	E2322		Medical Equip. & Supplies (switches)	Medical Equip. & Supplies (switches)	
17	E2331		Medical Equip. & Supplies (controls)	Medical Equip. & Supplies (controls)	
17	K0900		Medical Equip. & Supplies (other)	Medical Equip. & Supplies (other)	
17	T2029	RB	Medical Equip. & Supplies (routine maintenance & repair)		

CHAPTER 32: NEW OPPORTUNITIES WAIVER

APPENDIX E – BILLING CODES

PAGE(S) 4

Provider Type	Proc. Code	Modifier	Waiver Service Description	HIPAA Service Description	Units/Limits
13	T2019		Prevocational Services	Habilitation, Supported Employment	15 minutes \$2.39/ NTE maximum of 32 ¼ hour units per day and 8,320 ¼ hour units per CPOC year.
13	T2025	GT	Prevocational Habilitation	Pre-Vocational Habilitation	15 minutes \$2.98
98	H2023		Supported Employment – one on one	Supported Employment	15 minutes \$7.67/Not to Exceed 1,280 ¼ hour units per CPOC year
98	H2026		Supported Employment – follow along	Ongoing Support to Maintain Employment	Day \$64.50/Not to Exceed 24 days per CPOC year
98	H2025	TT	Supported Employment – mobile crew	Ongoing Support to Maintain Employment	15 minutes \$2.76 Not to Exceed 8,320 ¼ hour units per CPOC year
98	H2026	GT	Supported Employment Follow Along Virtual	Supported Employment-Waiver	15 minutes \$13.63
14	T2003	HB	Supported Employment Non-Emergency Transportation	Non-Emergency Transportation	Day (one-way) \$6.00/Not to Exceed 2 one-way trips per day, including Day Hab Transportation
14	A0130	HB	Supported Employment Non-Emergency Transportation -wheelchair	Non-Emergency Transportation - wheelchair	Day (one-way) \$10.00/Not to Exceed 2 one-way trips per day, including Day Hab Transportation
02	T2038		One Time Transitional Service	Community Transition, Waiver	Lifetime \$3,000.00
16	S5160		PERS (Install & Test)	PER (Install & Test)	Initial installation \$30.00
16	S5161		PERS (Maintenance)	PER (Maintenance)	Monthly \$27.00
82 or MIHC	S5136	CC	Adult Companion Care	Companion Care	Day \$92.02 Not to Exceed 365 days per year
AW	G9012		Housing Stabilization	Permanent Supportive Housing	15 minutes - \$15.11 NTE 165 units per CPOC year of combined Housing Transition and Stabilization services
AW	G9012	U8	Housing Stabilization Transition	Permanent Supportive Housing	15 minutes - \$15.11 NTE 165 units per CPOC year of combined Housing Transition and Stabilization services.
MI	T2033		Monitored In-Home Caregiving –NOS	Monitored In Home Caregiving-Level 1	\$59.60 Per Diem
MI	T2033	TG	Monitored In-Home Caregiving-NOS	Monitored In-Home Caregiving-Level 2	\$89.40 Per Diem
MI	T1028	TU	Monitored In-Home Caregiving-Assessment	Monitored In-Home Caregiving-Assessment	\$250 One-Time

NTE = Not to Exceed NOS = Not Otherwise Specified

Modifiers

CHAPTER 32: NEW OPPORTUNITIES WAIVER

APPENDIX E – BILLING CODES**PAGE(S) 4**

Certain procedure codes will require a modifier (or modifiers) in order to distinguish services. The following modifiers are applicable to New Opportunities Waiver (NOW) providers:

AJ	=	Licensed Social Worker
HB	=	Adult Program, Transportation
HQ	=	Group Setting
TD	=	Registered Nurse (RN)
TE	=	Licensed Practical Nurse (LPN)
TT	=	Individual Service Provided to More than One Person
U1	=	Day
U6	=	Day Habilitation
U7	=	Psychologist
UJ	=	Night
UN	=	2 people
UP	=	3 people