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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 Coor	dinatio	n				
Case Management	45	81	4W	Support Coordination	T1016			\$126.48	monthly	12 per month
Case Management	45	81	4W	Support Coordination- High need	T1016	TG		\$14.88	15 min	24 per month 288 annually
				Transition F	unding	3				·
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			\$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	unde	r 18	(Resi	idential)		
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	

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]	Host 1	Home	Services-Adults 1	18 and	over	(Res	idential)	
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	
			Com	npanion Care Serv	vices (F	Resid	ential	l)		
Companion Care, Adult	82	82	4W	Companion Care	S5136			\$39.58	Per diem	
				Living Services-N		_	_	-		
		Provi	der 1	Leased or Owned	Reside	nce (Resid	dential)		
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	
				ared Living-New	` -	-	• ′			
]	Partici	pant	Leased or Owned	Resid	lence	(Res	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	

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	D 41	•		ared Living-New	` -	_	-	• 1\	4.	
	Partic	ipant	Leas	ed or Owned Res	ide nce	(Res	ide nt	ial) con	tinued	
Habilitation Residential	11	4A	4L	Shared Living – Level 3	T2016	TG	НQ	\$100.47	Per diem	
Habilitation Residential	11	4A	4L	Shared Living – Level 4	T2016	U2	НQ	\$118.82	Per diem	
Shared	Livin	g-Con	ve rsi	on/Provider Leas	ed or (Owne	d Re	sidence	(Resider	ntial)
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	e rsio1	/Participant Lea	sed or	Own	ed R	esidenc	e (Reside	ential)
Residential Care, (NOS), Waiver	11	4A	4Н	Shared Living – Level 1 Up to 4 people	T2033	UQ		\$59.66	Per diem	
Residential Care, (NOS), Waiver	11	4A	4Н	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	

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Shared	Livin	g-Con	ve rsio	n/Provider Leas	ed or (Owne	d 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 1	Living	-Conv	e rsion	/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	НQ		\$59.66	Per diem	
Residential Care, (NOS), Waiver	11	4A	4Н	Shared Living – Level 2 Up to 6 people	T2033	TF	HQ	\$67.66	Per diem	
Residential Care, (NOS), Waiver	11	4A	4H	Shared Living – Level 3 Up to 6 people	T2033	TG	НQ	\$81.92	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	HQ		\$3.26	15 min	720 hours
			Pers	onal Emergency	Respoi	nse S	ysten	n		
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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			Trai	sportation (Resid	lential	Ser	vices))		
Transportation Local Trip	42 01	4X 4A	4W	Transportation Regular - (Comm Access)	Z 5177			\$5.58	One-way	730
Transportation -Local Trip (W/C)	42 01	4X 4A	4W	Transportation Wheel chair – (Comm Access)	Z 5186			\$9.32	One-way	730
(1110)			A	daptation/Accessib	ility S	ervi	ces			
Assistive Technology/ Specialiæd 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 Specialiæd Medical Equipment and Assistive Technology	T2029	RB			Per Item/ Repair	
Environmental Modifications	15	80		Environmental Accessibility Adaptations	Z 0620				Per Service	
				Vocational Se	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

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			1	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	4W	LPN-Intermittent	G0154	TE		¢52.01	D	
Nursing Care by LPN	11	4A	4 11	Services (1 person)	G0154	IE		\$53.01	Per visit	
Services of Skilled Nurse In	44	87		LPN-Intermittent						
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	4337	Nursing RN	C0154	TID.		ф 57 .10	D. 114	
Services	11	4A	4W	(1 person)	G0154	TD		\$57.19	Per visit	
RN Extended	44	87	4W	Nursing RN	S9123	ТТ		\$16.41	Per hour	-
Services	11	4A	4 11	(up to 2 persons)	39123	11		\$10.41	rer nour	
RN Extended	44	87	4W	Nursing RN	S9123			\$32.82	Per hour	
Services	11	4A	. ***	(1 person)	D/120			φυ2.02	1 CI HOUI	
RN Intermittent	44	87	4W	Nursing RN	G0154	TD	ТТ	\$32.86	Per visit	
Services	11	4A		(up to 4 persons)				,		

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		I	rofess	sional Services (R	legiste	red 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	(Speec	h The	erapy	r)		
	39	71		Speech Therapy Evaluation of Speech						
Professional Services	11	4A	4W	Fluency (e.g. stuttering,	92521			\$20.27	15 min	
	84	84		cluttering)						
	39	71		Speech Therapy Evaluation of Speech						
Professional Services	11	4A	4W	sound production (e.g. articulation, phonological process,	92522			\$20.27	15 min	
	84	84		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)						
Dwofor-!!	39	71		Speech Therapy						
Professional Services	11	4A	4W	Behavioral and Qualitative Analysis of	92524			\$20.27	15 min	
	84	84		Voice and Resonance						
Professional	39	71		Speech Therapy				l		
Services	11	4A	4W	(Speech Language Hearing Therapy)	92507			\$20.27	15 min	
	84	84								
Professional	39	71 4A	4W	Speech Therapy (Laryngeal function	92520			\$20.27	15 min	
Services	84	4A 84	-**	studies)	94340			φ20.27	13 11111	
	0-7	0-7	<u> </u>		<u> </u>	<u> </u>	I	<u> </u>		<u>l</u>

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		Prof	ession	al Services (Spee	ch The	rapy) con	tinued		
	39	71								
Professional Services	11	4A	4W	Speech Therapy (Oral function therapy)	92526			\$20.27	15 min	
Bervices	84	84		(Oral lunction therapy)						
D. C	39	71		Speech Therapy						
Professional Services	11	4A	4W	(Evaluation for non-	92605			\$20.27	15 min	
	84	84		speech device RX)						
Professional	39	71		Speech Therapy						
Services	11	4A	4W	(Non-speech device service)	92606			\$20.27	15 min	
	84	84		service)						
Professional	39	71 4A	4W	Speech Therapy (Ex for speech device	92607			\$20.27	15 min	
Services	84	84	4**	(Ex for speech device RX)	92007			\$20.27	13 11111	
	39	71								
Professional	11	4A	4W	Speech Therapy (Evaluate swallowing	92610			\$20.27	15 min	
Services	84	84		function)	2010			Ψ20021	20	
	39	71								
Professional Services	11	4A	4W	Speech Therapy (Therapeutic activities)	97530	GN		\$20.27	15 min	
Services	84	84		(Therapeutic activities)						
D. 6	39	71		Speech Therapy						
Professional Services	11	4A	4W	(Cognitive skills	97532	GN		\$20.27	15 min	
	84	84		development)						
		Pr	ofessi	onal Services (Oc	cupatio	onal	Ther	apy)		
Duofos - ! 1	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(OT Evaluation low	97165			\$44.40	30 min	
	84	84	47	complex 30 min)						
Professional Services	37 11	74 4A	4W	Occupational Therapy (OT Evaluation mod	97166			\$66.60	45 min	
	84	84		complex 45min)	2,100			ψ00.00		
Professional	37	74	4W	Occupational Therapy	051			#00.00	<i>(</i> 0 ·	
Services	11 84	4A 84		(OT Evaluation high complex 60 min)	97167			\$88.80	60 min	
	37	74		-						
Professional Sorvings	11	4A	4W	Occupational Therapy (OT re-evaluation est	97168			\$22.20	15 min	
Services	84	84		plan of care)	9/108					
D	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of hot or	97010	GO		\$22.20	15 min	
~ 1200	84	84		cold packs)						
Professional	37 11	74 4A	4W	Occupational Therapy (Application of Traction,	97012	GO		\$22.20	15 min	
Services	84	84	777	Mechanical)	27012	30		φ 22,2 0	13 11111	

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	Pı	rofess	ional	Services (Occupat	ional '	Thera	apy)	continu	ed	
Professional	37	74	4337	Occupational Therapy	07014	CO		#22.20	15	
Services	11 84	4A 84	4W	(Application of electrical stimulation/ unattended)	97014	GO		\$22.20	15 min	
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of paraffin	97018	GO		\$22.20	15 min	
Services	84	84		bath)						
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of	97022	GO		\$22.20	15 min	
Services	84	84		whirlpool)						
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of electrical	97032	GO		\$22.20	15 min	
Services	84	84		stimulation/ manual)						
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of	97033	GO		\$22.20	15 min	
Services	84	84		lontophoresis)						
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of	97035	GO		\$22.20	15 min	
Bervices	84	84		ultrasound)						
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(OT Therapeutic	97110	GO		\$22.20	15 min	
2 02 1 2 0 0	84	84		Procedure)						
	37	74		0 4 1771						
Professional Services	11	4A	4W	Occupational Therapy (Massage therapy)	97124	GO		\$22.20	15 min	
	84	84		. 5						
Dwofossions!	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Manual therapy)	97140	GO		\$22.20	15 min	
	84	84		, 17/						
Professional	37	74		Occupational Therapy						
Services	11	4A	4W	(Therapeutic activities)	97530	GO		\$22.20	15 min	
	84	84		, ,						
Professional	37	74		Occupational Therapy						
Services	11	4A	4W	(Cognitive skills development)	97532	GO		\$22.20	15 min	
	84	84		ueveropinent)						
Professional	37	74		Occupational Therapy						
Services	11	4A	4W	(Wheelchair management)	97542	GO		\$22.20	15 min	
	84	84		шанадешені)						

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			Profe	ssional Services (Physic	al Th	erap	y)		
Professional	35	65		Physical Therapy						
Services	11	4A	4W	(PT Evaluation low complex 20 min)	97161			\$29.60	20 min	
Professional	84	84								
Services	35 11	65 4A	4W	Physical Therapy (PT Evaluation mod	97162			\$44.40	30 min	
	84	84		complex 30 min)	7.1.2			7		
Professional Services	35	65	4337	Physical Therapy	07172			\$66.60	45	
Scivices	11 84	4A 84	4W	(PT Evaluation high complex 45 min)	97163			\$66.60	45 min	
	35	65		Physical Therapy						
Professional Services	11	4A	4W	(PT re-evaluation est plan	97164			\$22.20	15 min	
Scivices	84	84		of care)	77104					
D . C	35	65		Physical Therapy						
Professional Services	11	4A	4W	(Application of hot or	97010	GP		\$22.20	15 min	
	84	84		cold packs)						
Professional	35	65		Physical Therapy						
Services	11	4A	4W	(Application of traction, mechanical)	97012	GP		\$22.20	15 min	
	84	84		mechanicar)						
Professional	35	65		Physical Therapy						
Services	11	4A	4W	(Application of electrical stimulation/ unattended)	97014	GP		\$22.20	15 min	
	84	84		stimulation/ unattended/						
Professional	35	65	4777	Physical Therapy	05010	GP.		ф 22.2 0		
Services	11	4A	4W	(Application of paraffin bath)	97018	GP		\$22.20	15 min	
	84	84 65								
Professional	35	4A	4W	Physical Therapy (Application of	97022	GP		\$22.20	15 min	
Services	84	84	7**	whirlpool)	97022	GI		\$22.20	13 11111	
	35	65								
Professional	11	4A	4W	Physical Therapy (Application of electrical	97032	GP		\$22.20	15 min	
Services	84	84		stimulation/ manual)	7.002	-		Ψ====	10	
	35	65		Dhysical Thomasy						
Professional	11	4A	4W	Physical Therapy (Application of	97033	GP		\$22.20	15 min	
Services	84	84		lontophoresis)				,		
	35	65		Physical Therapy						
Professional Services	11	4A	4W	(Application of	97035	GP		\$22.20	15 min	
Scrvices	84	84	1	ultrasound)						
	35	65								
Professional	11	4A		Physical Therapy	0=1::	~-		465.5	4	
Services	84	84	4W	(Therapeutic Procedure)	97110	GP		\$22.20	15 min	

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		Profe	ession	al Services (Physi	cal Th	erapy	() co	ntinued		
D 6 : 1	35	65		Physical Therapy						
Professional Services	11	4A	4W	(neuromuscular	97112			\$22.20	15 min	
	84	84		re-education)						
Professional	35	65		Physical Therapy						
Services	11	4A	4W	(Gait training)	97116			\$22.20	15 min	
	84	84								
Professional	35	65	4	Physical Therapy		an		400.00	4	
Services	11	4A	4W	(Massage therapy)	97124	GP		\$22.20	15 min	
	84	84								
Professional	35	65 4A	4W	Physical Therapy	97140	GP		\$22,20	15 min	
Services	84	84	- ***	(Manual therapy)	9/140	GI		\$22.20	13 11111	
	35	65								
Professional	11	4A	4W	Physical Therapy	97530	GP		\$22.20	15 min	
Services	84	84	1	(Therapeutic activities)				7		
	35	65		Dhysical Thorany						
Professional	11	4A	4W	Physical Therapy (Wheelchair	97542	GP		\$22.20	15 min	
Services	84	84		Management)						
			Pro	ofessional Service	s (Soci	al W	ork)			
	73	73								
Professional Services	11	4A	4W	Social Worker (Family psychotherapy)	90847	AJ		\$17.38	15 min	
Services	84	84		(running positionionapy)						
Df	73	73		C: -1 W						
Professional Services	11	4A	4W	Social Worker (Group psychotherapy)	90853	AJ		\$17.38	15 min	
	84	84								
Professional	73	73		Social Worker						
Services	11	4A	4W	(Assess Hlth/ Behave, Init)	96150	AJ		\$17.38	15 min	
	84	84		ши)						
Professional	73	73	4	Social Worker				↑1 7 0 0	4	
Services	11	4A	4W	(Self-care Management Training)	97535	AJ		\$17.38	15 min	
	84	84								
Professional	73	73	4777	Social Worker	05525			Φ1 2 20	45 1	
Services	11	4A	4W	(Community/ Work Reintegration)	97537	AJ		\$17.38	15 min	
	84	84		<i>G /</i>						
	73	73	-	Social Worker						
Professional	11	4A	4W	(Home visit assistance	99509	АТ		¢17 20	15 min	
Services	84	84	4 **	w/ADL's and personal care)	Y909	AJ		\$17.38	15 min	

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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
		Pr	ofessi	onal Services (So	cial W	ork)	conti	nued		
	73	73		Social Worker						
Professional Services	11	4A	4W	(Home Visit,	99510	AJ		\$17.38	15 min	
Services	84	84		Sing/M/Fam Counseling)						
D. C	73	73		Social Worker						
Professional Services	11	4A	4W	(Unlisted Home Visit	99600	AJ		\$17.38	15 min	
Services	84	84		Service or Procedure)						
D. C	73	73		C . * . 1 XX 1						
Professional Services	11	4A	4W	Social Worker (HHCP-SVS of CSW)	G0155			\$17.38	15 min	
Services	84	84		(Inter 5 v5 of e5 vv)						
D 6 1 1	73	73		Social Worker						
Professional Services	11	4A	4W	(Assertive Community	H0039	AJ		\$17.38	15 min	
	84	84		treatment face to face)						
D 6 1 1	73	73		Social Worker						
Professional Services	11	4A	4W	(Mental Health Services,	H0046	AJ		\$17.38	15 min	
	84	84		NOS)						
D 6 1 1	73	73		G + 1 TV 1						
Professional Services	11	4A	4W	Social Worker (Crisis Intervention)	H2011	AJ		\$17.38	15 min	
561 (1665	84	84		(ensis mer vention)						
D 6 1 1	73	73		Social Worker						
Professional Services	11	4A	4W	(Skilled Training and	H2014			\$17.38	15 min	
Services	84	84		Development)						
D. C	73	73		Social Worker						
Professional Services	11	4A	4W	(Psychosocial Rehab	H2017	AJ		\$17.38	15 min	
Services	84	84		Services)						
D 6 1 1	73	73		Social Worker						
Professional Services	11	4A	4W	(Therapeutic Behavior	H2019	AJ		\$17.38	15 min	
	84	84		Service)						
Professional	73	73		Social Worker						
Services	11	4A	4W	(Community-based Wrap	H2021	AJ		\$17.38	15 min	
	84	84		Around)						
			Pr	ofessional Service	es (Psy	cholo	gy)			
	31	62,								
Professional	11	95,96 4A	4W	Psychologist	90801			\$30.17	15 min	
Services	84	84		(Diagnostic Interview)						
	31	62, 95,96		Psychologist						
Professional	11	4A	4W	(Interactive	90802			\$30.17	15 min	
Services	84	84	7**	Psychological Diagnostic Interview)	70002			φ30.17	13 11111	

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HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB- SPECIAL TY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS
	Professional Services (Psychology) continued									
	31	62,		Psychologist (Individual Psychotherapy)	90806			\$30.17	15 min	
Professional Services	11	95,96 4A	4W							
	84	84								
	31	62, 95,96		Psychologist (Individual Psychotherapy, Utilizing	90812					
Professional Services	11	95,90 4A	4W					\$30.17	15 min	
Services	84	84	1	Equipment/ Devices)						
	31	62,		Psychologist (Family psychotherapy)						
Professional Services	11	95,96 4A	4W		90846			\$30.17	15 min	
Scrvices	84	84								
	31	62,		Psychologist (Special Family Therapy)						
Professional Services	11	95,96 4A	4W		90847 AH	AH		\$30.17	15 min	
Services	84	84								
	31	62,		Psychologist (Group Psychotherapy)		0853 AH				
Professional	11	95,96 4A	4W		90853		\$30.17	15 min		
Services	84	84								
	31	62,	4W	Psychologist (Interactive Group Psychotherapy)	90857					
Professional Services	11	95,96 4A						\$30.17	15 min	
Services	84	84								
	31	62,	4W	Psychologist (Pharmacologic Management)	90862					
Professional Services	11	95,96 4A						\$30.17	15 min	
Services	84	84								
	31	62,	4W	Psychologist (Psychological Testing by Psychologist	96101					
Professional Services	11	95,96 4A						\$30.17	15 min	
BUTTIES	84	84								
	31	62,	4W	Psychologist (Psychological Testing by Tech)	96102					
Professional Services	11	95,96 4A						\$30.17	15 min	
Scivices	84	84								
	31	62,	4W	Psychologist (Neuropsychological testing)						
Professional Services	11	95,96 4A			96118			\$30.17	15 min	
	84	84								
Professional Services	31	62, 95,96	4W	Psychologist (Assess Hlth/Behave, Init)	96150 AI					
	11	95,96 4A				AH		\$30.17	15 min	
	84	84				,,,,,		ψ50.17	10 11111	
	0-1	0-1				<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
	Professional Services (Psychology) continued									
	31	62, 95,96	4W	Psychologist (Self-care Management Training)	97535	АН				
Professional Services	11	4A						\$30.17	15 min	
	84	84								
Professional	31	62, 95,96	4777	Psychologist (Community/ Work Reintegration)	97357	АН		ф20. 1 7	45 .	
Services	11	4A	4W					\$30.17	15 min	
	84	84 62,								
Professional	31	95,96	4W	Psychologist (Home visit for Assistance with ADL's and Personal Care)	99509	ATT		¢20.17	15	
Services	11	4A			99509	AH	AH	\$30.17	15 min	
	84	84 62,								
Professional Services	31	95,96	4W	Psychologist (Home Visit, Sing/M/Fam Counseling)	99510	AH	\$30.17 15 min			
	11 84	4A 84))310	AII		φ30.17	13 11111	
	31	62,	4W	Psychologist (Unlisted Home Visit Service or Procedure)				\$30.17	15 min	
Professional Services	11	95,96 4A			99600	AH				
Services	84	84								
Professional	31	62, 95,96	4W	Psychologist (Assertive Community Treatment Face to Face)	H0039					
Services	11	4A				AH		\$30.17	15 min	
	84	84 62,								
Professional	31	95,96	4W	Psychologist (Mental Health Services, NOS)	H0046	AH				
Services	11	4A					AH \$30.17	\$30.17	15 min	
	84	84 62,								
Professional	31	95,96	4W	Psychologist (Crisis Intervention)	H2011	ATT	A TT	\$30.17	15	
Services	11 84	4A 84			H2011	AH		\$30.17	15 min	
	31	62,	4W	Psychologist (Psychosocial Rehab Services)	H2017 AH					
Professional Services	11	95,96 4A				AH	AH	\$30.17	15 min	
	84	84								
D. C.	31	62, 95,96	4W	Psychologist (Therapeutic Behavior Service)	H2019 A			\$30.17	15 min	
Professional Services	11	4A				AH				
	84	84								
Professional	31	62, 95,96	4W	Psychologist (Community-based Wrap Around)	H2021	АН		\$30.17	15 min	
Services	11	4A						\$30.17	15 min	
	84	84								

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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	
	Dental Services										
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		
Dental	27	19, 66, 67, 68		Dental (Prohylaxis-Adult)	D1110			\$52.77	Per procedure		
			Perma	nent Supportive	Housi	ng Su	ıppoı	rts			
Permanent Supportive Housing	AW			Housing Stabilization	Z 0648			\$15.11	15 Min.	72 units annually	
							moniation	20040			\$60.44
Permanent Supportive	AW			Housing Stabilization	70649			\$15.11	15 Min.	93 units annually	
Housing	portive Aw Transition Z	20049	20049		\$60.44	1 Hour					
Adult Day Health Care (ADHC) Service											
Medical Rehabilitation Day Program	85	35		Adult Day Health Care Center Based Service (ADHC)	S5100			\$2.78 Rate include provider specific transportation rate	15 min	Max 40 unit per day	