ISSUED: 01/20/17 REPLACED: 06/29/16

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

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 | dinati | on | | | | |
| Case Management | 45 | 81 | 4W | Support Coordination | T1016 | | | \$14.88 | 15 min | 12 per month 144 annually |
| Case Management | 45 | 81 | 4W | Support Coordination- High need | T1016 | TG | | \$14.88 | 15 min | 24 per month 288 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 (| Resid | 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 l | Home | Services-Children | n unde | r 18 | (Resi | dential) |) | |
| 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 | |

ISSUED: 01/20/17 REPLACED: 06/29/16

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 | 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 | |
| | | | Con | npanion Care Serv | vices (F | Resid | ential | l) | | |
| Companion Care, Adult | 82 | 82 | 4W | Companion Care | S5136 | | | \$39.58 | Per diem | |
| | | | | Living Services- N | | _ | _ | _ | | |
| | ı | Provi | ider l | Leased or Owned | Reside | nce (| Resid | lential) | | I |
| 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 | НQ | \$87.66 | Per diem | |
| Habilitation Residential | 11 | 4A | 4G | Shared Living – Level 3 | T2016 | TG | HQ | \$100.47 | Per diem | |
| Habilitation Residential | 11 | 4A | 4G | Shared Living – Level 4 | T2016 | U2 | НQ | \$118.82 | Per diem | |
| | | | Sh | ared Living-New | (Up to | 3 pec | ple) | | | |
| | J | Partic | ipant | Leased or Owned | l Resid | ence | (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 | |

ISSUED: 01/20/17 REPLACED: 06/29/16

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 | |
|---|---------------|---------------|----------------------------|---|-------------------|------------|------------|-----------|-----------------------------|-----------------------------|--|
| | Dontio | inant | | ared Living-New | _ | _ | _ | ial) aans | tinuad | | |
| Participant Leased or Owned Residence (Residential) continued | | | | | | | | | | | |
| Habilitation Residential | 11 | 4A | 4L | Shared Living – Level 3 | T2016 | TG | HQ | \$100.47 | Per diem | | |
| Habilitation Residential | 11 | 4A | 4L | Shared Living – Level 4 | T2016 | U2 | HQ | \$118.82 | 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 | | \$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 | 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 | | \$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 | 4Н | 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 | | |

ISSUED: 01/20/17 REPLACED: 06/29/16

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

| | PE | EC | TY | | E) | _ | 7 | | LIA. | |
|---|---------------|---------------|----------------------------|---|-------------------|------------|----------|----------|-----------------------------|-----------------------------|
| HIPAA CODE NAME | PROVIDER TYPE | PROVIDER SPEC | PROVIDER SUB- SPECIALTY | SERVICE DESCRIPTION | PROCEDURE CODE | MODIFIER 1 | MODIFIER | RATE | STANDARD UNIT OF SERVICE | ANNUAL SERVICE LIMITS |
| 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 6 people | T2033 | | | \$59.66 | Per diem | |
| Residential Care, (NOS), Waiver | 11 | 4A | 4 J | Shared Living – Level 2 Up to 6 people | T2033 | TF | HQ | \$67.66 | Per diem | |
| Residential Care, (NOS), Waiver | 11 | 4A | 4 J | Shared Living – Level 3 Up to 6 people | T2033 | TG | HQ | \$81.92 | Per diem | |
| Residential Care, (NOS), Waiver | 11 | 4A | 4J | Shared Living – Level 4 Up to 6 people | T2033 | U2 | HQ | \$107.39 | Per diem | |
| Shared I | Living | -Conv | ersio | n/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 | HQ | | \$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 | 4Н | Shared Living – Level 3 Up to 6 people | T2033 | TG | HQ | \$81.92 | Per diem | |
| Residential Care, (NOS), Waiver | 11 | 4A | 4H | Shared Living – Level 4 Up to 6 people | T2033 | U2 | HQ | \$107.39 | Per diem | |
| | | | | Respite Se | rvices | | | | | |
| Respite Care Services | 83 | 83 | | Respite Care Services- Out of Home | T1005 | НQ | | \$3.26 | 15 min | 720 hours |
| | | | Pers | onal Emergency | Respor | ise 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 | |

ISSUED: 01/20/17 REPLACED: 06/29/16

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 |
|---|---------------|---------------|----------------------------|--|-------------------|------------|------------|-----------|---|-----------------------------|
| | | | Tra | nsportation (Resid | lential | Serv | vices) | | | |
| Transportation | 42 | 4X | 4W | Transportation Regular - | Z5177 | | | \$5.58 | One-way | 730 |
| Local Trip | 01 | 4A | | (Comm Access) | | | | , , , , , | | |
| Transportation -Local Trip (W/C) | 42 01 | 4X 4A | 4W | Transportation Wheel chair – (Comm Access) | Z5186 | | | \$9.32 | One-way | 730 |
| (W/C) | | | A | daptation/Accessil | L bility S | ervi | ces | | | |
| 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 Se | ervices | 3 | l | | | |
| 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 |

ISSUED: 01/20/17 REPLACED: 06/29/16

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 | | | \$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 | 4*** | LPN-Intermittent | G04. | | | 4.52.04 | | |
| Nursing Care by LPN | 11 | 4A | 4W | Services (1 person) | G0154 | TE | | \$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 | 4W | Nursing RN | G0154 | TD | | \$57.19 | Per visit | |
| Services | 11 | 4A | 411 | (1 person) | G0134 | 10 | | \$37 . 19 | rei visit | |
| RN Extended | 44 | 87 | 4W | Nursing RN | S9123 | ТТ | | \$16.41 | Per hour | |
| Services | 11 | 4A | | (up to 2 persons) | 57125 | | | φισιι | 1 cr mour | |
| RN Extended | 44 | 87 | 4W | Nursing RN | S9123 | | | \$32.82 | Per hour | |
| Services | 11 | 4A | | (1 person) | _ | | | | - | |
| RN Intermittent | 44 | 87 | 4W | Nursing RN | G0154 | TD | TT | \$32.86 | Per visit | |
| Services | 11 | 4A | | (up to 4 persons) | | | | | | |

ISSUED: 01/20/17 REPLACED: 06/29/16

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 | sional Services (R | legister | ed 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 | y) | | |
| | 39 | 71 | | Speech Therapy | | | | | | |
| Professional Services | 11 | 4A | 4W | Evaluation of Speech 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) | | | | | | |
| Professional | 39 | 71 | | Speech Therapy Behavioral and | | | | | | |
| Services | 11 | 4A | 4W | Qualitative Analysis of | 92524 | | | \$20.27 | 15 min | |
| | 39 | 84 71 | | Voice and Resonance | | | | | | |
| Professional | 11 | 4A | 4W | Speech Therapy (Speech Language | 92507 | | | \$20.27 | 15 min | |
| Services | 84 | 84 | -** | Hearing Therapy) | 72301 | | | φ20.27 | 13 11111 | |
| | 39 | 71 | | Speech Therapy | | | | | | |
| Professional Services | 11 | 4A | 4W | (Laryngeal function | 92520 | | | \$20.27 | 15 min | |
| Sci vices | 84 | 84 | | studies) | | | | | | |

ISSUED: 01/20/17 REPLACED: 06/29/16

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 | rapy |) con | tinued | | |
| | 39 | 71 | | | | | | | | |
| Professional Services | 11 | 4A | 4W | Speech Therapy (Oral function therapy) | 92526 | | | \$20.27 | 15 min | |
| Services | 84 | 84 | | (Oral function therapy) | | | | | | |
| | 39 | 71 | | Speech Therapy | | | | | | |
| Professional Services | 11 | 4A | 4W | (Evaluation for non- | 92605 | | | \$20.27 | 15 min | |
| Sei vices | 84 | 84 | | speech device RX) | | | | | | |
| | 39 | 71 | | Speech Therapy | | | | | | |
| Professional Services | 11 | 4A | 4W | (Non-speech device | 92606 | | | \$20.27 | 15 min | |
| Services | 84 | 84 | | service) | | | | | | |
| | 39 | 71 | | Speech Therapy | | | | | | |
| Professional Services | 11 | 4A | 4W | (Ex for speech device | 92607 | | | \$20.27 | 15 min | |
| Services | 84 | 84 | | RX) | | | | | | |
| | 39 | 71 | | Speech Therapy | | | | | | |
| Professional Services | 11 | 4A | 4W | (Evaluate swallowing | 92610 | | | \$20.27 | 15 min | |
| Services | 84 | 84 | | function) | | | | | | |
| | 39 | 71 | | | | | | | | |
| Professional Services | 11 | 4A | 4W | Speech Therapy (Therapeutic activities) | 97530 | GN | | \$20.27 | 15 min | |
| Services | 84 | 84 | | (Therapeutic activities) | | | | | | |
| | 39 | 71 | | Speech Therapy | | | | | | |
| Professional Services | 11 | 4A | 4W | (Cognitive skills | 97532 | GN | | \$20.27 | 15 min | |
| Services | 84 | 84 | | development) | | | | | | |
| | | Pr | ofessi | onal Services (Oc | cupati | onal | Ther | apy) | | |
| | 37 | 74 | | 0 4 177 | | | | | | |
| Professional | 11 | 4A | 4W | Occupational Therapy (OT Evaluation low | 0= | | | | • | |
| 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) | | | | | | |
| Professional Services | 37 11 | 74 4A | 4W | Occupational Therapy (OT Evaluation high | 97167 | | | \$88.80 | 60 min | |
| ~ | 84 | 84 | 1 | complex 60 min) | 7,10, | | | ψοσιου | ov mm | |
| | 37 | 74 | | Occupational Therapy | | | | | | |
| Professional Services | 11 | 4A | 4W | (OT re-evaluation est | 97168 | | | \$22.20 | 15 min | |
| Sei vices | 84 | 84 | 1 | plan of care) | 2/100 | | | | | |
| | 37 | 74 | | Occupational Therapy | | | | | | |
| Professional Sorvices | 11 | 4A | 4W | (Application of hot or | 97010 | GO | | \$22.20 | 15 min | |
| Services | 84 | 84 | | cold packs) | | | | | | |
| Professional | 37 | 74 | | Occupational Therapy | | | | | | |
| Services | 11 | 4A | 4W | (Application of Traction, Mechanical) | 97012 | GO | | \$22.20 | 15 min | |
| | 84 | 84 | <u> </u> | Mechanical) | | 1 | <u> </u> | 1 | | 1 |

ISSUED: 01/20/17 REPLACED: 06/29/16

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 | ofessi | ional S | Services (Occupat | tional ' | Thera | apy) (| continu | ed | |
| Professional | 37 | 74 | 4337 | Occupational Therapy | 07014 | G0 | | #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 | 1 | bath) | | | | | | |
| | 37 | 74 | | Occupational Therapy | | | | | | |
| Professional Services | 11 | 4A | 4W | (Application of | 97022 | GO | | \$22.20 | 15 min | |
| Scrvices | 84 | 84 | | whirlpool) | | | | | | |
| | 37 | 74 | | Occupational Therapy | | | | | | |
| Professional Services | 11 | 4A | 4W | (Application of electrical | 97032 | GO | | \$22.20 | 15 min | |
| 561 (1665 | 84 | 84 | | stimulation/ manual) | | | | | | |
| D 6 1 1 | 37 | 74 | | Occupational Therapy | | | | | | |
| Professional Services | 11 | 4A | 4W | (Application of | 97033 | GO | | \$22.20 | 15 min | |
| | 84 | 84 | | lontophoresis) | | | | | | |
| Professional | 37 | 74 | | Occupational Therapy | | | | | | |
| Services | 11 | 4A | 4W | (Application of | 97035 | GO | | \$22.20 | 15 min | |
| | 84 | 84 | | ultrasound) | | | | | | |
| Professional | 37 | 74 | | Occupational Therapy | | | | | | |
| Services | 11 | 4A | 4W | (OT Therapeutic Procedure) | 97110 | GO | | \$22.20 | 15 min | |
| | 84 | 84 | | Frocedure) | | | | | | |
| Professional | 37 | 74 | | Occupational Therapy | | | | | | |
| Services | 11 | 4A | 4W | (Massage therapy) | 97124 | GO | | \$22.20 | 15 min | |
| | 84 | 84 | | | | | | | | |
| Professional | 37 | 74 | 4777 | Occupational Therapy | 05140 | | | #22.20 | | |
| Services | 11 84 | 4A 84 | 4W | (Manual therapy) | 97140 | GO | | \$22.20 | 15 min | |
| | 37 | 74 | - | | - | | | | | |
| Professional | 11 | 74 4A | 4W | Occupational Therapy | 97530 | GO | | \$22.20 | 15 min | |
| Services | 84 | 4A 84 | | (Therapeutic activities) | 91330 | 60 | | \$44.4U | 13 11111 | |
| | 37 | 74 | | | | | | | | |
| Professional | 11 | 4A | 4W | Occupational Therapy (Cognitive skills | 97532 | GO | | \$22.20 | 15 min | |
| Services | 84 | 84 | 7'' | development) | 71332 | 30 | | Ψ2.20 | 15 11111 | |
| | 37 | 74 | | 0 11 | | | | | | |
| Professional | 11 | 4A | 4W | Occupational Therapy (Wheelchair | 97542 | GO | | \$22.20 | 15 min | |
| Services | 84 | 84 | ''' | management) | 7,542 | | | Ψ==•=0 | 10 11111 | |
| | 04 | 04 | I | <u> </u> | l | L |] | | | 1 |

ISSUED: REPLACED:

01/20/17 06/29/16

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES

PAGE(S) 15

| 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 | 4W | Physical Therapy (PT Evaluation mod | 97162 | | | \$44.40 | 30 min | |
| Bervices | 11 84 | 4A 84 | 4** | complex 30 min) | 9/102 | | | \$44.4U | SU IIIII | |
| Professional | 35 | 65 | | Physical Therapy | | | | | | |
| Services | 11 84 | 4A 84 | 4W | (PT Evaluation high complex 45 min) | 97163 | | | \$66.60 | 45 min | |
| | 35 | 65 | | • | | | | | | |
| Professional | 11 | 4A | 4W | Physical Therapy (PT re-evaluation est plan | 07174 | | | \$22.20 | 15 min | |
| Services | 84 | 84 | | of care) | 97164 | | | | | |
| | 35 | 65 | | Physical Therapy | | | | | | |
| Professional Services | 11 | 4A | 4W | (Application of hot or | 97010 | GP | | \$22.20 | 15 min | |
| Services | 84 | 84 | | cold packs) | | | | | | |
| D | 35 | 65 | | Physical Therapy | | | | | | |
| Professional Services | 11 | 4A | 4W | (Application of traction, | 97012 | GP | | \$22.20 | 15 min | |
| | 84 | 84 | | mechanical) | | | | | | |
| Professional | 35 | 65 | 1 | Physical Therapy | | | | | | |
| Services | 11 | 4A | 4W | (Application of electrical stimulation/ unattended) | 97014 | GP | | \$22.20 | 15 min | |
| | 84 | 84 | | sumulation analtended) | | | | | | |
| Professional | 35 11 | 65 4A | 4W | Physical Therapy (Application of paraffin | 97018 | GP | | \$22.20 | 15 min | |
| Services | 84 | 84 | 4** | bath) | 9/018 | Gr | | \$22.20 | 15 11111 | |
| | 35 | 65 | | D1 1 170 | | | | | | |
| Professional | 11 | 4A | 4W | Physical Therapy (Application of | 97022 | GP | | \$22.20 | 15 min | |
| Services | 84 | 84 | 1 | whirlpool) | | - | | , | | |
| | 35 | 65 | | Physical Therapy | | | | | | |
| Professional Services | 11 | 4A | 4W | (Application of electrical | 97032 | GP | | \$22.20 | 15 min | |
| Services | 84 | 84 | | stimulation/ manual) | | | | | | |
| D | 35 | 65 | | Physical Therapy | | | | | | |
| Professional Services | 11 | 4A | 4W | (Application of | 97033 | GP | | \$22.20 | 15 min | |
| | 84 | 84 | | lontophoresis) | | | | | | |
| Professional | 35 | 65 | _ | Physical Therapy | | | | | | |
| Services | 11 | 4A | 4W | (Application of ultrasound) | 97035 | GP | | \$22.20 | 15 min | |
| | 84 | 84 | | unasouna) | | | | | | |
| | 35 | 65 | - | | | | | | | |
| Professional Services | 84 | 4A 84 | 4W | Physical Therapy (Therapeutic Procedure) | 97110 | GP | | \$22.20 | 15 min | |

ISSUED: 0
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01/20/17 06/29/16

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 | ntinued | | |
| | 35 | 65 | | Physical Therapy | | | | | | |
| Professional Services | 11 | 4A | 4W | (neuromuscular | 97112 | | | \$22.20 | 15 min | |
| 561 (1665 | 84 | 84 | | re-education) | | | | | | |
| Df | 35 | 65 | | Dl Tl | | | | | | |
| Professional Services | 11 | 4A | 4W | Physical Therapy (Gait training) | 97116 | | | \$22.20 | 15 min | |
| | 84 | 84 | | (************************************** | | | | | | |
| D 6 1 1 | 35 | 65 | | D1 1 1 771 | | | | | | |
| Professional Services | 11 | 4A | 4W | Physical Therapy (Massage therapy) | 97124 | GP | | \$22.20 | 15 min | |
| | 84 | 84 | | (2 17) | | | | | | |
| Professional | 35 | 65 | | Dhysical Thomasy | | | | | | |
| Services | 11 | 4A | 4W | Physical Therapy (Manual therapy) | 97140 | GP | | \$22.20 | 15 min | |
| | 84 | 84 | | | | | | | | |
| Professional | 35 | 65 | | Physical Therapy | | | | | | |
| Services | 11 | 4A | 4W | (Therapeutic activities) | 97530 | GP | | \$22.20 | 15 min | |
| | 84 | 84 | | | | | | | | |
| Professional | 35 | 65 | | Physical Therapy | | | | | | |
| Services | 11 | 4A | 4W | (Wheelchair | 97542 | GP | | \$22.20 | 15 min | |
| | 84 | 84 | | Management) | | | | | | |
| | | | Pro | ofessional Service | s (Soci | al W | ork) | | | |
| | 73 | 73 | | | | | | | | |
| Professional | 11 | 4A | 4W | Social Worker | 90847 | AJ | | \$17.38 | 15 min | |
| Services | 84 | 84 | | (Family psychotherapy) | | | | | | |
| | 73 | 73 | | | | | | | | |
| Professional Services | 11 | 4A | 4W | Social Worker (Group psychotherapy) | 90853 | AJ | | \$17.38 | 15 min | |
| Sel vices | 84 | 84 | | (Group psychotherapy) | | | | | | |
| _ | 73 | 73 | | Social Worker | | | | | | |
| Professional Services | 11 | 4A | 4W | (Assess Hlth/ Behave, | 96150 | AJ | | \$17.38 | 15 min | |
| Sci vices | 84 | 84 | | Init) | | | | | | |
| | 73 | 73 | | Social Worker | | | | | | |
| Professional Services | 11 | 4A | 4W | (Self-care Management | 97535 | AJ | | \$17.38 | 15 min | |
| 501 (1005 | 84 | 84 | | Training) | | <u> </u> | | | | |
| | 73 | 73 | | Social Worker | | | | | | |
| Professional Services | 11 | 4A | 4W | (Community/ Work | 97537 | AJ | | \$17.38 | 15 min | |
| 201 11003 | 84 | 84 | | Reintegration) | | | | | | |
| | 73 | 73 | | | | | | | - | |
| D 6 • - | 11 | 4A | | Social Worker | | | | | | |
| Professional Services | 84 | 84 | 4W | (Home visit assistance w/ADL's and personal care) | 99509 | AJ | | \$17.38 | 15 min | |

ISSUED: 01/20/17 REPLACED: 06/29/16

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 | onal Services (So | cial Wo | ork) (| conti | nued | | |
| | 73 | 73 | | Social Worker | | | | | | |
| Professional Services | 11 | 4A | 4W | (Home Visit, | 99510 | AJ | | \$17.38 | 15 min | |
| Scrvices | 84 | 84 | | Sing/M/Fam Counseling) | | | | | | |
| | 73 | 73 | | Social Worker | | | | | | |
| Professional Services | 11 | 4A | 4W | (Unlisted Home Visit | 99600 | AJ | | \$17.38 | 15 min | |
| Bervices | 84 | 84 | | Service or Procedure) | | | | | | |
| | 73 | 73 | | | | | | | | |
| Professional Services | 11 | 4A | 4W | Social Worker (HHCP-SVS of CSW) | G0155 | | | \$17.38 | 15 min | |
| Bervices | 84 | 84 | | (Inter byb of cbw) | | | | | | |
| | 73 | 73 | | Social Worker | | | | | | |
| Professional Services | 11 | 4A | 4W | (Assertive Community | H0039 | AJ | | \$17.38 | 15 min | |
| Scrvices | 84 | 84 | | treatment face to face) | | | | | | |
| | 73 | 73 | | Social Worker | | | | | | |
| Professional Services | 11 | 4A | 4W | (Mental Health Services, | H0046 | AJ | | \$17.38 | 15 min | |
| Ser vices | 84 | 84 | | NOS) | | | | | | |
| | 73 | 73 | | | | | | | | |
| Professional Services | 11 | 4A | 4W | Social Worker (Crisis Intervention) | H2011 | AJ | | \$17.38 | 15 min | |
| Scrvices | 84 | 84 | | (Crisis intervention) | | | | | | |
| | 73 | 73 | | Social Worker | | | | | | |
| Professional Services | 11 | 4A | 4W | (Skilled Training and | H2014 | | | \$17.38 | 15 min | |
| Services | 84 | 84 | | Development) | | | | | | |
| | 73 | 73 | | Social Worker | | | | | | |
| Professional Services | 11 | 4A | 4W | (Psychosocial Rehab | H2017 | AJ | | \$17.38 | 15 min | |
| Sel vices | 84 | 84 | | Services) | | | | | | |
| | 73 | 73 | | Social Worker | | | | | | |
| Professional Services | 11 | 4A | 4W | (Therapeutic Behavior | H2019 | AJ | | \$17.38 | 15 min | |
| Ser vices | 84 | 84 | | Service) | | | | | | |
| D 6 | 73 | 73 | | Social Worker | 1 | | | | | |
| Professional Services | 11 | 4A | 4W | (Community-based Wrap | H2021 | AJ | | \$17.38 | 15 min | |
| | 84 | 84 | | Around) | | | | | | |
| | | | Pr | ofessional Service | es (Psy | cholo | ogy) | | | |
| | 31 | 62, | | | | | | | | |
| Professional | 11 | 95,96 4A | 4W | Psychologist | 90801 | | | \$30.17 | 15 min | |
| Services | 84 | 4A 84 | - | (Diagnostic Interview) | | | | | | |
| | | 62, | | | - | | | | | |
| | 31 | 95,96 | | Psychologist | | | | | | |
| Professional | 11 | 4A | 4W | (Interactive | 90802 | | | \$30.17 | 15 min | |
| Services | 84 | 84 | | Psychological Diagnostic Interview) | | | | | | |

ISSUED: 01/20/17 REPLACED: 06/29/16

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 | | | | | | | | | | |
| Professional Services | 31 | 62, 95,96 | 4W | Psychologist (Individual Psychotherapy) | 90806 | | | | | |
| | 11 | 4A | | | | | | \$30.17 | 15 min | |
| | 84 | 84 | | | | | | | | |
| | 31 | 62, 95,96 | | Psychologist (Individual Psychotherapy, Utilizing Equipment/ Devices) | 90812 | | | | | |
| Professional Services | 11 | 4A | 4W | | | | | \$30.17 | 15 min | |
| 222.22 | 84 | 84 | | | | | | | | |
| | 31 | 62, 95,96 | | Psychologist (Family psychotherapy) | 90846 | | | | | |
| Professional Services | 11 | 4A | 4W | | | | | \$30.17 | 15 min | |
| 561 (1665 | 84 | 84 | | | | | | | | |
| | 31 | 62, 95,96 | 4W | Psychologist (Special Family Therapy) | 90847 | | | | | |
| Professional Services | 11 | 95,90 4A | | | | AH | | \$30.17 | 15 min | |
| | 84 | 84 | | | | | | | | |
| | 31 | 62, | | Psychologist (Group Psychotherapy) | 90853 | | | | | |
| Professional Services | 11 | 95,96 4A | 4W | | | AH | | \$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 | |
| Scrvices | 84 | 84 | | | | | | | | |
| | 31 | 62, | 4W | Psychologist (Pharmacologic Management) | 90862 | | | | | |
| Professional Services | 11 | 95,96 4A | | | | | | \$30.17 | 15 min | |
| Scrvices | 84 | 84 | | | | | | | | |
| | 31 | 62, | 4W | Psychologist (Psychological Testing by Psychologist | 96101 | | | | | |
| Professional Services | 11 | 95,96 4A | | | | | | \$30.17 | 15 min | |
| Services | 84 | 84 | | | | | | | | |
| | 31 | 62, 95,96 | | Psychologist (Psychological Testing by Tech) | 96102 | | | | | |
| Professional Services | 11 | 95,96 4A | 4W | | | | | \$30.17 | 15 min | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 31 | 62, 95,96 | 4W | Psychologist (Neuropsychological testing) | 96118 | | | | | |
| | 11 | 95,96 4A | | | | | | \$30.17 | 15 min | |
| | 84 | 84 | | | | | | | | |
| | 31 | 62, 95,96 | 4W | Psychologist (Assess Hlth/Behave, Init) | 96150 | | | | | |
| Professional Services | 11 | 4A | | | | AH | | \$30.17 | 15 min | |
| Services | 84 | 84 | | | | | | | | |

ISSUED: 01/20/17 REPLACED: 06/29/16

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 | | | | | | | | | |
| D. C | 31 | 62, 95,96 | 4W | Psychologist (Self-care Management Training) | 97535 | AH | | \$30.17 | 15 min | |
| Professional Services | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| D. C | 31 | 62, 95,96 | | Psychologist (Community/ Work | 97357 | AH | | | | |
| Professional Services | 11 | 4A | 4W | | | | | \$30.17 | 15 min | |
| | 84 | 84 | | Reintegration) | | | | | | |
| D 6 : 1 | 31 | 62, 95,96 | | Psychologist (Home visit for Assistance with ADL's and Personal Care) | | | | | 15 min | |
| Professional Services | 11 | 4A | 4W | | 99509 | AH | \$. | \$30.17 | | |
| | 84 | 84 | | | | | | | | |
| D 6 1 1 | 31 | 62, 95,96 | 4W | Psychologist (Home Visit, Sing/M/Fam Counseling) | | AH | | | | |
| Professional Services | 11 | 4A | | | 99510 | | \$30.17 | 15 min | | |
| | 84 | 84 | | | | | | | | |
| Duefessional | 31 | 62, 95,96 | 4W | Psychologist (Unlisted Home Visit Service or Procedure) | 99600 AH | | | | 15 min | |
| Professional Services | 11 | 4A | | | | AH | \$30.17 | \$30.17 | | |
| | 84 | 84 | | | | | | | | |
| Professional | 31 | 62, 95,96 | 4W | Psychologist (Assertive Community Treatment Face to Face) | H0039 | АН | | \$30.17 | 15 min | |
| Services | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional | 31 | 62, 95,96 | 4W | Psychologist (Mental Health Services, NOS) | H0046 | АН | | \$30.17 | 15 min | |
| Services | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional | 31 | 62, 95,96 | | Psychologist (Crisis Intervention) | | АН | | \$30.17 | 15 min | |
| Services | 11 | 4A | 4W | | H2011 | | | | | |
| | 84 | 84 | | | | | | | | |
| Duofossional | 31 | 62, 95,96 | 4W | Psychologist (Psychosocial Rehab Services) | | | | \$30.17 | 15 min | |
| Professional Services | 11 | 4A | | | H2017 | AH | | | | |
| | 84 | 84 | | | | | | | | |
| Drofossional | 31 | 62, 95,96 | 4W | Psychologist (Therapeutic Behavior Service) | H2019 | AH | | \$30.17 | 15 min | |
| Professional Services | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| D. C. I | 31 | 62, 95,96 | 4W | Psychologist (Community-based Wrap Around) | | AH | АН | \$30.17 | 15 min | |
| Professional Services | 11 | 4A | | | H2021 | | | | | |
| | 84 | 84 | | | | | | | | |

ISSUED: 01/20/17 REPLACED: 06/29/16

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 | | |
|------------------------------------|---------------------------------------|----------------------|----------------------------|--|-------------------|------------|------------|---------|-----------------------------|-----------------------------|--|--|
| | 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 | | | |
| | Permanent Supportive Housing Supports | | | | | | | | | | | |
| Permanent Supportive Housing | AW | 7 | | Housing Stabilization | Z0648 | | | \$15.11 | 15 Min. | 72 units annually | | |
| | | | | | | | | \$60.44 | 1 Hour | | | |
| Permanent Supportive Housing | AW | , | | Housing Stabilization | Z0649 | | | \$15.11 | 15 Min. | 93 units annually | | |
| | | | | | | | | | Transition | 2004) | | |