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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- SPECIAL TY	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
				Transition F	unding	3				
Community Transition Waiver	2	4A		One time transition service	T2038			\$3000		Life time maximum limit
			Com	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	HA	\$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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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 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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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
	D /	• ,		ared Living-New	` -	_	-	• 1\	4.	
	Partic	ıpant	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	HQ	\$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	4 J	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	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	

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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
Shared	Livin	g-Con	ve rsio	n/Provider Leas	ed or (Owne	d Re	sidence	(Resider	ntial)
Residential Care, (NOS), Waiver	11	4A	4 J	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	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	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	4Н	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	Respon	nse 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	

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			Trai	sportation (Resid	lential	Serv	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
, ,			A	daptation/Accessib	ility S	ervi	ces		L	
Assistive Technology/ Specialized Medical Equipment	17	91		Assistive Technology Specialiæd 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	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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			7	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	4337	LPN-Intermittent	G0154	TE		¢52.01	D	
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	4337	Nursing RN	C0154	TD		¢57.10	D	
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	711	(1 person)	57145			Ψυμ.υμ	I CI IIOUI	
RN Intermittent	44	87	4W	Nursing RN	G0154	TD	ТТ	\$32.86	Per visit	
Services	11	4A	- ' '	(up to 4 persons)	33101		- *	42 2100	2 02 11010	

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Professional Services (Registered Dietician)	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			F	rofess	sional Services (R	Register	red D	ietici	an)		
Professional Services			4R	4W		97802			\$8.69	15 min	
Professional Services Speech Therapy Speech Therapy			4R	4W		97803			\$8.69	15 min	
Professional Services			4R	4W		97804			\$8.69	15 min	
Professional Services				Profe	essional Services	(Speec	h The	erapy	·)		
11		39	71								
Professional Services		11	4A	4W	Fluency	92521			\$20.27	15 min	
Professional Services		84	84								
Services		39	71		Evaluation of Speech						
Professional Services		11	4A	4W	(e.g. articulation,	92522			\$20.27	15 min	
Professional Services		84	84		apraxia, dysarthria)						
Professional Services		39	71		Evaluation of Speech Sound Production (e.g., articulation,						
Record Speech Therapy Speech Thera		11	4A	4W	apraxia, dysarthria) with evaluation of language	92523			\$20.27	15 min	
Professional Services		84	84		expression (e.g., receptive and						
Services	Dwofogoional	39	71								
Professional Services		-		4W		92524			\$20.27	15 min	
Professional Services 11 4A 4W Speech Language Hearing Therapy 92507 \$20.27 15 min Professional 39 71 Speech Therapy 92520 \$20.27 15 min											
Services	Professional			4		00			***	4.	
Professional 11 4A 4W (Laryngeal function 92520 \$20.27 15 min		-		4W	(Speech Language Hearing Therapy)	92507			\$20.27	15 min	
Professional 11 4A 4W (Laryngeal function 92520 \$20.27 15 min					- 11,						
		-		4W		92520			\$20.27	15 min	
Services 84 84 studies)	Services										

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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	
Services	84	84		(Oral function therapy)						
	39	71		Speech Therapy						
Professional Services	11	4A	4W	(Evaluation for non-	92605			\$20.27	15 min	
Services	84	84		speech device RX)						
	39	71		Speech Therapy						
Professional Services	11	4A	4W	(Non-speech device	92606			\$20.27	15 min	
501 (1005	84	84		service)						
	39	71		Speech Therapy						
Professional Services	11	4A	4W	(Ex for speech device	92607			\$20.27	15 min	
501 (1005	84	84		RX)						
D C 1	39	71		Speech Therapy						
Professional Services	11	4A	4W	(Evaluate swallowing	92610			\$20.27	15 min	
2	84	84		function)						
D C 1	39	71		C I TII						
Professional Services	11	4A	4W	Speech Therapy (Therapeutic activities)	97530	GN		\$20.27	15 min	
Services	84	84		(Therapeutic delivities)						
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)		
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(OT Evaluation low	97165			\$44.40	30 min	
Scivices	84	84	1	complex 30 min)	7/103			ψ	So min	
Professional	37	74	4W	Occupational Therapy						
Services	11 84	4A 84	-	(OT Evaluation mod complex 45min)	97166			\$66.60	45 min	
Professional	37	74	4W	Occupational Therapy						
Services	11	4A]	(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	97168			\$22.20	15 min	
	84	84		plan of care)						
Professional	37	74	[Occupational Therapy						
Services	11	4A	4W	(Application of hot or cold packs)	97010	GO		\$22.20	15 min	
	84	84		1 /						
Professional	37 11	74 4A	4W	Occupational Therapy (Application of Traction,	97012	GO		\$22.20	15 min	
Services	84	84	1 - "	Mechanical)	7,012	30		Ψ22.20	15 11111	
	-	-	-	· /		-	-			

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	Pı	rofess	ional	Services (Occupat	ional '	Thera	apy)	continuo	ed	
Professional	37	74	4337	Occupational Therapy	07014	CO		ф22 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)						
D. C	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of	97035	GO		\$22.20	15 min	
2 - 1 - 1 - 1	84	84		ultrasound)						
Professional	37	74		Occupational Therapy						
Services	11	4A	4W	(OT Therapeutic	97110	GO		\$22.20	15 min	
	84	84		Procedure)						
Professional	37	74		Occupational Therapy						
Services	11	4A	4W	(Massage therapy)	97124	GO		\$22.20	15 min	
	84	84								
Professional	37	74		Occupational Therapy						
Services	11	4A	4W	(Manual therapy)	97140	GO		\$22.20	15 min	
	84	84								
Professional	37	74	4447	Occupational Therapy	05530	00		#22.20	15 .	
Services	11	4A	4W	(Therapeutic activities)	97530	GO		\$22.20	15 min	
	84	84								
Professional	37	74	4117	Occupational Therapy	07522	C0		\$22.20	15	
Services	11	4A	4W	(Cognitive skills development)	97532	GO		\$22.20	15 min	
	84 37	84 74		•						
Professional	-	4A	4W	Occupational Therapy (Wheelchair	97542	GO		\$22.20	15 min	
Services	11		4 **	(w neerchair management)	9/344	GO		\$44.4U	15 MIN	
	84	84		J,						

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			Profe	ssional Services (Physica	al Th	erap	y)		
D. C	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	07173			\$44.40	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	84		complex 45 min)						
Professional	35	65	4337	Physical Therapy				#22.20	15	
Services	11	4A	4W	(PT re-evaluation est plan of care)	97164			\$22.20	15 min	
	84	84		,						
Professional	35	65	4777	Physical Therapy	05010	G.D.		ф 22.2 0		
Services	11	4A	4W	(Application of hot or cold packs)	97010	GP		\$22.20	15 min	
	84	84		F)						
Professional	35	65		Physical Therapy	0=010	an.		444 40	4.	
Services	11	4A	4W	(Application of traction, mechanical)	97012	GP		\$22.20	15 min	
	84	84								
Professional	35	65	4337	Physical Therapy	07014	C D		#22.20	15	
Services	11	4A	4W	(Application of electrical stimulation/ unattended)	97014	GP		\$22.20	15 min	
	84	84		stimulations unattended)						
Professional	35	65	4777	Physical Therapy	05010	G.D.		ф 22 20		
Services	11	4A	4W	(Application of paraffin bath)	97018	GP		\$22.20	15 min	
	84	84		Juli,						
Professional	35	65		Physical Therapy	0=000	an.		444 40	4.	
Services	11	4A	4W	(Application of whirlpool)	97022	GP		\$22.20	15 min	
	84	84		1 /						
Professional	35	65		Physical Therapy	0=022	an.		444 40	4.	
Services	11	4A	4W	(Application of electrical stimulation/ manual)	97032	GP		\$22.20	15 min	
	84	84		omination manage						
Professional	35	65		Physical Therapy						
Services	11	4A	4W	(Application of lontophoresis)	97033	GP		\$22.20	15 min	
	84	84		iomophoresis)						
Professional	35	65	4447	Physical Therapy	05005	C.F.		daa aa	1.5 .	
Services	11	4A	4W	(Application of ultrasound)	97035	GP		\$22.20	15 min	
	84	84		unasound)						
	35	65								
Professional Services	84	4A 84	4W	Physical Therapy (Therapeutic Procedure)	97110	GP		\$22.20	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
		Profe	ssiona	al Services (Physi	cal Th	erapy) co	ntinued		
	35	65		Physical Therapy						
Professional Services	11	4A	4W	(neuromuscular	97112			\$22.20	15 min	
Services	84	84		re-education)						
D. f i	35	65		Dhardaal Tharas						
Professional Services	11	4A	4W	Physical Therapy (Gait training)	97116			\$22.20	15 min	
	84	84								
Professional	35	65		Physical Therapy						
Services _	11	4A	4W	(Massage therapy)	97124	GP		\$22.20	15 min	
_	84	84								
Professional	35	65	4777	Physical Therapy	0=440	an.		400.00	4.	
Services	11	4A	4W	(Manual therapy)	97140	GP		\$22.20	15 min	
	84	84								
Professional	35 11	65 4A	4W	Physical Therapy	97530	GP		\$22.20	15 min	
Services _	84	84	4**	(Therapeutic activities)	91330	Gi		φ22,20	13 11111	
	35	65								
Professional	11	4A	4W	Physical Therapy (Wheelchair	97542	GP		\$22.20	15 min	
Services	84	84	4,,,	Management)	71542	GI.		Ψ22.20	15 11111	
			Pro	fessional 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	
Services	84	84		(Group psychotherapy)						
	73	73		Social Worker						
Professional Services	11	4A	4W	(Assess Hlth/ Behave,	96150	AJ		\$17.38	15 min	
Services	84	84		Init)						
D 6 : 1	73	73		Social Worker						
Professional Services	11	4A	4W	(Self-care Management	97535	AJ		\$17.38	15 min	
	84	84		Training)						
Duafaccianal -	73	73		Social Worker						
Professional Services	11	4A	4W	(Community/ Work Reintegration)	97537	AJ		\$17.38	15 min	
	84	84		Keintegration)						
	73	73		~						
Professional	11	4A		Social Worker (Home visit assistance						
Services	84	84	4W	w/ADL's and personal care)	99509	AJ		\$17.38	15 min	

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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
		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	
	84	84		Sing/M/Fam Counseling)						
Professional	73	73		Social Worker						
Services	11	4A	4W	(Unlisted Home Visit Service or Procedure)	99600	AJ		\$17.38	15 min	
	84	84		Service of Procedure)						
Professional	73	73		Social Worker	~~			***		
Services	11	4A	4W	(HHCP-SVS of CSW)	G0155			\$17.38	15 min	
	84	84								
Professional	73	73 4A	4W	Social Worker (Assertive Community	H0039	AJ		\$17.38	15 min	
Services	84	84	4**	treatment face to face)	10039	AJ		\$17.36	15 11111	
	73	73		~						
Professional	11	4A	4W	Social Worker (Mental Health Services,	H0046	AJ		\$17.38	15 min	
Services	84	84		NOS)				7-1100		
	73	73								
Professional	11	4A	4W	Social Worker	H2011	AJ		\$17.38	15 min	
Services	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)						
Professional	73	73		Social Worker						
Services	11	4A	4W	(Psychosocial Rehab	H2017	AJ		\$17.38	15 min	
	84	84		Services)						
Professional	73	73		Social Worker						
Services	11	4A	4W	(Therapeutic Behavior Service)	H2019	AJ		\$17.38	15 min	
	84	84		,						
Professional	73	73 4A	4W	Social Worker (Community-based Wrap	H2021	AJ		\$17.38	15 min	
Services	84	4A 84	4**	Around)	H2021	AJ		\$17.36	15 11111	
		04	_		<u> </u>					
			Pr	ofessional Service	es (Psy	cholo	gy)			
	31	62,								
Professional		95,96	4W	Psychologist	90801			\$30.17	15 min	
Services	11 84	4A 84		(Diagnostic Interview)						
		62,								
Daniel Control	31	95,96		Psychologist						
Professional Services	11	4A	4W	(Interactive Psychological Diagnostic	90802			\$30.17	15 min	
	84	84		Interview)						

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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,		Davidh alla aist						
Professional Services	11	95,96 4A	4W	Psychologist (Individual Psychotherapy)	90806			\$30.17	15 min	
Services	84	84	1							
	31	62,		Psychologist (Individual						
Professional Services	11	95,96 4A	4W		90812			\$30.17	15 min	
Services	84	84		Psychotherapy, Utilizing Equipment/ Devices)						
	31	62,								
Professional	11	95,96 4A	4W	Psychologist	90846			\$30.17	15 min	
Services	84	4A 84		(Family psychotherapy)					10	
	31	62,		Psychologist (Special Family Therapy)						
Professional Services		95,96	4W		90847	АН		\$30.17	15 min	
	11 84	4A 84	'''							
		62,								
Professional	31	95,96	4W	Psychologist (Group Psychotherapy)	90853	ATT		620.17	15 min	
Services	11	4A				AH		\$30.17	13 11111	
	84	84 62,								
Professional	31	95,96	4W	Psychologist (Interactive Group Psychotherapy)	90857					
Services	11	4A						\$30.17	15 min	
	84	84								
Professional	31	62, 95,96	4W	Psychologist (Pharmacologic Management)	90862					
Services	11	4A						\$30.17	15 min	
	84	84								
	31	62, 95,96	4W	Psychologist (Psychological Testing by Psychologist	96101					
Professional Services	11	4A						\$30.17	15 min	
	84	84								
Professional Services	31	62, 95,96	4W	Psychologist	96102					
	11	4A		(Psychological Testing by				\$30.17	15 min	
	84	84		Tech)						
Professional Services	31	62,	4W	Psychologist (Neuropsychological testing)	96118					
	11	95,96 4A						\$30.17	15 min	
	84	84								
Professional Services	31	62,	4W	Psychologist (Assess Hlth/Behave, Init)	96150					
	11	95,96 4A				AH		\$30.17	15 min	
						AH		φ 30.1 /	15 min	
	84	84								

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Professional Services (Psychology) Professional Services Psychologist (Self-care Management Training) Professional Services Psychologist (Community) Work Reintegration) Professional Services Professional Serv	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		Professional Services (Psychology) continued										
Professional Services		31			(Self-care Management	97535	АН					
Professional Services		11		4W					\$30.17	15 min		
Professional Services 31 95,96 4W Psychologist (Community) Work Reintegration) 97357 AH \$30.17 15 min		84	84		Training)							
Services	Professional	31		4	(Community/ Work	0=0==	АН		\$30.17	15 min		
Professional Services 31 95.96 11 4A 4W Assistance with ADL's and Personal Care 99509 AH \$30.17 15 min 15				4W		97357						
Professional Services		84										
Services	Professional	31		4***	(Home visit for Assistance with ADL's	00.500			\$30.17	15 min		
Professional Services	Services			4W		99509	AH					
Professional Services		84										
Services		31	95,96	4W	(Home Visit,	99510	AH		¢20.17	15		
Professional Services 31 62, 95,96 11 4A 4W Psychologist (Unlisted Home Visit Service or Procedure) 99600 AH \$30.17 15 min									\$30.17	13 11111		
Professional Services			62,	4W	(Unlisted Home Visit	99600	АН	\$30.1		15 min		
Professional Services									\$30.17			
Professional Services												
Services	Professional	31	62,	4W	(Assertive Community	Н0039						
Professional Services		11	4A				AH		\$30.17	15 min		
Professional Services		84										
Services	Professional	31		4W	(Mental Health Services,	H0046	АН					
Professional Services		11	4A						\$30.17	15 min		
Professional Services 31 95,96 11 4A 4W Psychologist (Crisis Intervention) Psychologist (Crisis Intervention) H2011 AH \$30.17 15 min Professional Services 31 62, 95,96 11 4A 4W Psychologist (Psychosocial Rehab Services) H2017 AH \$30.17 15 min Professional Services 31 62, 95,96 11 4A 4W Psychologist (Therapeutic Behavior Service) H2019 AH \$30.17 15 min Professional Services 31 62, 95,96 11 4A 4W Psychologist (Community-based Wrap Around) H2021 AH \$30.17 15 min		84										
Services	Professional	31		4W		H2011	4 ***		\$30.17	15 .		
Professional Services 31 62, 95,96 11 4A 4W 4W Psychologist (Psychosocial Rehab Services) H2017 AH \$30.17 15 min Professional Services 31 62, 95,96 11 4A 4W Psychologist (Therapeutic Behavior Service) Psychologist (Therapeutic Behavior Service) H2019 AH \$30.17 15 min Professional Services 31 62, 95,96 11 4A 4W Psychologist (Community-based Wrap Around) Psychologist (Community-based Wrap Around) H2021 AH \$30.17 15 min							AH			15 min		
Professional Services 31 95,96 11 4A 4W 4W (Psychosocial Rehab Services) Psychologist (Psychosocial Rehab Services) H2017 AH \$30.17 15 min Professional Services 31 62, 95,96 11 4A 84 84 84 84 84 84 84												
Professional Services 11		31		4W	(Psychosocial Rehab	H2017	AH		¢20.17	15		
Professional Services 31 62, 95,96 11 4A 4W 4W Psychologist (Therapeutic Behavior Service) H2019 AH \$30.17 15 min Professional Services 31 62, 95,96 11 4A 4W 4W (Community-based Wrap Around) Psychologist (Community-based Wrap Around) H2021 AH \$30.17 15 min									\$30.17	15 min		
Professional Services 31 95,96 11 4A 4W 4W (Therapeutic Behavior Service) Psychologist (Therapeutic Behavior Service) H2019 AH \$30.17 15 min Professional Services 31 62, 95,96 11 4A 4W (Community-based Wrap Around) Psychologist (Community-based Wrap Around) H2021 AH \$30.17 15 min				4W	Psychologist (Therapeutic Behavior	H2019	АН		\$30.17			
Services			95,96							15 min		
Professional Services 31 62, 95,96 Psychologist (Community-based Wrap Around) H2021 AH \$30.17 15 min												
Professional Services 11 4A 4W (Community-based Wrap Around) 4H 4A 4W (Community-based Wrap Around) 4H 4A 4A 4W (Community-based Wrap Around) 4H 4A 4A 4W (Community-based Wrap Around)			62,	4W	(Community-based Wrap	H2021	АН		\$30.17	15 min		
Around)												
04 04		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 Ser	rvices					
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	w		Housing Stabilization	Z 0648			\$15.11	15 Min.	72 units annually
				Housing Stabilization	20040			\$60.44	1 Hour	
Permanent Supportive Housing	AW			Housing Stabilization Transition	Z 0649			\$15.11	15 Min.	93 units annually
								\$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