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BILLING CODES

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

HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB-SPECIALTY	SERVICE DESCRIPTION	PROCEDURZE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS
				Support Co	ordinati	on				
Case Management	45	81	4W	Support Coordination	T1016			\$176.79	1 flat monthly	12 annually
				Transition	Funding	g				
Community Transition Waiver	2	4 A		One time transition service	T2038			\$3000		Life time maximum limit
			Comi	nunity Living Su	pports (Resi	dentia	al)		
Attendant Care Services	82	82	4W	Community Living Supports – 1 Person	85125			\$4.63	15 min	
Attendant Care Services	82	82	4W	Community Living Supports – 2 Persons	\$5125	UN		\$3.31	15 min	
Attendant Care Services	82	82	4W	Community Living Supports – 3 persons	85125	UP		\$2.71	15 min	
		Host]	Home	e Services-Childr	en unde	er 18	(Resi	dential)		
Foster Care	84	84	4W	Host Home Level 1	85140	НА		\$52.95	Per diem	
Foster Care	84	84	4W	Host Home Level 2	S5140	TF	НА	\$57.05	Per diem	
Foster Care	84	84	4W	Host Home Level 3	S5140	TG	НА	\$64.11	Per diem	
Foster Care	84	84	4W	Host Home Level 4	85140	U2	НА	\$68.95	Per diem	

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	Home	e Services-Adults 1	8 and	over	(Resi	dential)		
Foster Care Adult	84	84	4W	Host Home Level 1	S5140			\$52.67	Per diem	
Foster Care Adult	84	84	4W	Host Home Level 2	S5140	TF		\$57.05	Per diem	
Foster Care Adult	84	84	4W	Host Home Level 3	S5140	TG		\$64.11	Per diem	
Foster Care Adult	84	84	4W	Host Home Level 4	S5140	U2		\$69.32	Per diem	
			Con	panion Care Serv	vices (F	Reside	ential)		
Companion Care, Adult	82	82	4W	Companion Care	S5136			\$92.02	Per diem	
				Living Services-N		-		- 1		
	1	Prov	ider]	Leased or Owned	Reside	nce (Resid	lential)		
Habilitation, Residential	11	4 A	4G	Shared Living – Level 1	T2016			\$82.33	Per diem	
Habilitation Residential	11	4 A	4G	Shared Living – Level 2	T2016	TF	HQ	\$90.81	Per diem	
Habilitation Residential	11	4 A	4G	Shared Living – Level 3	T2016	TG	HQ	\$104.08	Per diem	
Habilitation Residential	11	4 A	4G	Shared Living – Level 4	T2016	U2	HQ	\$123.09	Per diem	
			Sh	ared Living-New	(Up to	3 peo	ple)			
]	Partic	ipant	Leased or Owned	l Resid	ence	(Resi	idential)	
Habilitation, Residential	11	4 A	4L	Shared Living – Level 1	T2016	HQ		\$82.33	Per diem	
Habilitation Residential	11	4 A	4L	Shared Living – Level 2	T2016	TF	HQ	\$90.81	Per diem	

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 4 .	•		ared Living-New	· -	-		- D	· J	
	Paru	ripant	Leas	ed or Owned Resi	aence	(Resi	aenti	ai) cont	Inuea	
Habilitation Residential	11	4 A	4L	Shared Living – Level 3	T2016	TG	HQ	\$104.08	Per diem	
Habilitation Residential	11	4 A	4L	Shared Living – Level 4	T2016	U2	HQ	\$123.09	Per diem	
Shared	Livin	g-Cor	iversi	on/Provider Lease	ed or C)wne	d Res	sidence	(Resident	tial)
Residential Care, (NOS), Waiver	11	4 A	4J	Shared Living – Level 1 Up to 4 people	T2033	UQ		\$61.81	Per diem	
Residential Care, (NOS), Waiver	11	4 A	4J	Shared Living – Level 2 Up to 4 people	T2033	TF	UQ	\$70.09	Per diem	
Residential Care, (NOS), Waiver	11	4 A	4J	Shared Living – Level 3 Up to 4 people	T2033	TG	UQ	\$84.86	Per diem	
Residential Care, (NOS), Waiver	11	4 A	4J	Shared Living – Level 4 Up to 4 people	T2033	U2	UQ	\$111.26	Per diem	
Shared I	Living	-Conv	versio	n/Participant Lea	sed or	Own	ed Re	esidence	e (Resider	ntial)
Residential Care, (NOS), Waiver	11	4 A	4H	Shared Living – Level 1 Up to 4 people	T2033	UQ		\$61.81	Per diem	
Residential Care, (NOS), Waiver	11	4 A	4H	Shared Living – Level 2 Up to 4 people	T2033	TF	UQ	\$70.09	Per diem	
Residential Care, (NOS), Waiver	11	4 A	4H	Shared Living – Level 3 Up to 4 people	T2033	TG	UQ	\$84.86	Per diem	
Residential Care, (NOS), Waiver	11	4 A	4 H	Shared Living – Level 4 Up to 4 people	T2033	U2	UQ	\$111.26	Per diem	

HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB-SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANN UAL SERV ICE LIMI TS
				Respite Serv	vices					
Respite Care Services	83	83		Respite Care Services- Out of Home	T1005	HQ		\$3.50	15 min	720 hours
			Р	ersonal Emergenc System	y Resp	onse				
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	
			Tran	sportation (Reside	ential S	Servi	ces)			
Transportation Local Trip	42	4X 4A	4W	Transportation Regular - (Comm Access)	T2001	U1		\$5.58	One-way	730
Transportation –Local Trip (W/C)	42	4X 4A	4W	Transportation Wheel chair – (Comm Access)	A0090			\$9.32	One-way	730
	<u> </u>	<u> </u>	Ad	aptation/Accessib	ility Se	ervice	es			1
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	S5165				Per Service	
Remote Supports	17	91		Emergency response system Purchase	S5162				One Time	

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
			Α	daptation/Accessi	bility S	Servic	es			
Remote Supports	17	91		Home environment assessment	T1028			\$450.00	One Time	
Remote Supports	17	91		Med reminder serv per month	S5185			\$75.00	Monthly	
Remote Supports	17	91		Monitoring feature/device noc	A9279				One Time	
Remote Supports	17	91		Monitoring feature/device noc interactive audio and video	A9279	GT			One Time	
Remote Supports	17	91		Alert device, noc	A9280				One Time	
Incontinence Supplies	17	91		Adult size brief/diaper sm	T4521			\$0.50		
Incontinence Supplies	17	91		Adult size brief/diaper med	T4522			\$0.60		
Incontinence Supplies	17	91		Adult size brief/diaper lg	T4523			\$0.87		
Incontinence Supplies	17	91		Adult size brief/diaper xl	T4524			\$0.87		
Incontinence Supplies	17	91		Adult size pull-on sm	T4525			\$0.85		
Incontinence Supplies	17	91		Adult size pull-on med	T4526			\$0.85		
Incontinence Supplies	17	91		Adult size pull-on lg	T4527			\$0.94		
Incontinence Supplies	17	91		Adult size pull-on xl	T4528			\$1.17		

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
			Α	daptation/Accessi	bility S	Servic	es			
Incontinence Supplies	17	91		Disposable liner/shield/pad	T4535			\$0.46		
Incontinence Supplies	17	91		Large disposable underpad	T4541			\$0.46		
Incontinence Supplies	17	91		Small disposable underpad	T4542			\$0.46		
Incontinence Supplies	17	91		Adult disp brief/diap abv xl	T4543			\$2.49		
Incontinence Supplies	17	91		Adlt disp und/pull on abv xl	T4544			\$2.49		
Incontinence Supplies	17	91		Incon disposable penile wrap	T4545			\$1.25		
Incontinence Supplies	17	91		Reusable pull-on any size	T4536			\$0.76		
Incontinence Supplies	17	91		Reusable underpad bed size	T4537			\$8,73		
Incontinence Supplies	17	91		Reusable diaper/brief any size	T4539			\$2.49		
Incontinence Supplies	17	91		Reusable underpad chair size	T4540			\$10.00		
		1	I	Vocational S	ervice	5	I I			
Supported Employment	98	98		Supported Employment, Individual Job and Assistance with Micro Enterprise in a 1:1 ratio	H2023	ТТ		\$15.00	15 min	Up to 8 Units per day
Supported Employment	98	98		Supported Employment Virtual Delivery of Individual Job Follow Along 1:1 ratio	H2023	GT		\$13.63	15 Min	240 units per POC year

LOUISIANA MEDICAID PROGRAM

ISSUED: REPLACED:

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER APPENDIX E: BILLING CODES

HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB-SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS
				Vocational S	Service	8				
Supported Employment	98	98		Supported Employment, Mobile Crew or Enclave	H2026			\$2.73	15 Min	32 Units per Day
Non-Emergency Transportation	98	98		Regular Transportation for Supported Employment Services	T2002			\$20.00	Per Day	
Habilitation, Prevocational	13	36		Pre-Vocational Onsite in a 1:5-8 ratio	T2025			\$2.39	15 Min	32 Units per Day
Non-Emergency Transportation	13	36		Regular Transportation for Prevocational Services	T2002			\$20.00	Per Day	
Habilitation, Prevocational	13	36		Virtual Delivery of Pre-Vocational in a 1:5-8 ratio	T2025	GT		\$2.98	15 Min	
Habilitation, Prevocational	13	36		Community Career Planning in a ratio of 1:2-4 ratio	T2025	UQ		\$4.50	15 Min	
Day Habilitation	14	50		Day Habilitation Onsite in a 1:5-8 ratio	T2021			\$2.48	15 Min	32 Units per Day
Day Habilitation	14	50		Virtual Delivery of Day Habilitation 1: 5-8 ratio	T2021	GT		\$2.98	15 Min	Up to 20 Units per day
Day Habilitation	14	50		Community Life Engagement in a Ratio of 1: 1 ratio	T2021	TT		\$4.75	15 Min	32 Units per Day
Day Habilitation	14	50		Community Life Engagement in a Ratio of 1: 2-4 ratio	T2021	UQ		\$4.00	15 Min	
Non-Emergency Transportation	14	50		Regular Transportation for Day Habilitation	T2002			\$20.00	Per Day	

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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	ANNUA L SERVIC E LIMITS
				Nursing Se	rvices					
In Home Nursing Care by LPN	44 11	87 4A	4W	LPN-Intermittent Services (1 person)	G0300			,l \$71.44	Per visit	
Services of Skilled Nurse In	44	87	4W	LPN-Intermittent Services						
Home Health Setting	11	4 A	411	(up to 4 persons)	G0300	ТТ		\$35.70	Per visit	
In Home Nursing Care	44	87	4W	LPN-Extended Services	S9124			0.44 60		
by LPN	11	4 A		(1 person)				\$41.60	Per hour	
In Home Nursing Care	44	87	4W	LPN-Extended Services	S9124	тт			N U	
by LPN	11	4 A		(up to 2 persons)				\$20.80	Per Hour	
RN Intermittent	44	87	4W	Nursing RN	~~~~					
Services	11	4A		(1 person)	G0299			\$89.51	Per visit	
RN Extended	44	87	4W	Nursing RN	S9123	тт				
Services	11	4 A	•••	(up to 2 persons)				\$21.10	Per hour	
RN Extended	44	87	4W	Nursing RN	S 9123					
Services	11	4 A		(1 person)	57125			\$44.20	Per hour	
RN Intermittent	44	87	4W	Nursing RN		тт				
Services	11	4 A	4 11	(up to 4 persons)	G0299	11		\$44.62	Per visit	

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	egister	ed D	ietici	an)		
Professional Services	41,11, 84	4R	4W	Registered Dietician (Individual)	97802			\$9.00	15 min	
Professional Services	41,11, 84	4R	4W	Registered Dietician (Individual, Subsequent)	97803			\$9.00	15 min	
Professional Services	41,11, 84	4R	4W	Registered Dietician (Group)	97804			\$9.00	15 min	

			Prof	essional Services	(Speecl	h Therapy)	
	39	71		Speech Therapy Evaluation of Speech				
Professional Services	11	4A	4W	Fluency (e.g. stuttering,	92521		\$21.00	15 min
	84	84		cluttering)				
	39	71		Speech Therapy Evaluation of Speech				
Professional Services	11	4 A	4 W	sound production (e.g. articulation,	92522		\$21.00	15 min
	84	84		phonological process, apraxia, dysarthria)				
	39	71		Speech Therapy Evaluation of Speech Sound Production (e.g., articulation,				
Professional Services	11	4 A	4W	phonological process, apraxia, dysarthria) with evaluation of language	92523		\$21.00	15 min
	84	84		comprehension and expression (e.g., receptive and expressive language)				
Professional	39	71		Speech Therapy Behavioral and				
Services	11	4 A	4W	Benavioral and Qualitative Analysis of	92524		\$21.00	15 min
	84	84		Voice and Resonance				
Professional	39	71		Speech Therapy				
Services	11	4A	4W	(Speech Language Hearing Therapy)	92507		\$21.00	15 min
	84 39	84 71		0 10				
Professional	39 11	4A	4W	Speech Therapy (Laryngeal function	92520			
Services	84	84		studies)	72320		\$21.00	15 min

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	fession	al Services (Spee	ch The	erapy) con	tinued		
	39	71								
Professional Services	11	4 A	4W	Speech Therapy (Oral function therapy)	92526			\$21.00	15 min	
Services	84	84		(Q2100		
	39	71		Speech Therapy						
Professional Services	11	4 A	4W	(Evaluation for non-	92605			\$21.00	15 min	
Services	84	84		speech device RX)				Φ21.00	10 1111	
	39	71		Speech Therapy						
Professional Services	11	4A	4W	(Non-speech device	92606			\$21.00	15 min	
Services	84	84		service)				Φ21.00	10 1111	
	39	71		Speech Therapy						
Professional Services	11	4A	4W	(Ex for speech device	92607			\$21.00	15 min	
Services	84	84		RX)				\$21.00	15 1111	
	39	71		Speech Therapy						
Professional Services	11	4 A	4W	(Evaluate swallowing	92610			\$21.00	15 min	
Services	84	84		function)				\$21.00	15 1111	
	39	71								
Professional Services	11	4 A	4W	Speech Therapy (Therapeutic activities)	97530	GN		\$2.00	15 min	
Scivics	84	84		(Therapeutic activities)				\$2.00	15 1111	
	39	71		Speech Therapy						
Professional Services	11	4 A	4W	(Cognitive skills	97129	GN		\$21.00	15 min	
Scivics	84	84		development)				\$21.00	15 1111	
		Pr	ofessi	onal Services (Oc	cupati	onal	Ther	apy)		
	37	74			•					
Professional	11	4A	4W	Occupational Therapy (OT Evaluation low						
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	
	84	84	4777	complex 45min)						
Professional Services	37 11	74 4A	4W	Occupational Therapy (OT Evaluation high	97167			\$88.80	60 min	
Services	84	84		complex 60 min)	9/10/			J00.90	ou min	
	37	74								
Professional	11	4A	4W	Occupational Therapy (OT re-evaluation est	071/0			633 66	15 .	
Services	84	84	1	plan of care)	97168			\$23.00	15 min	
	37	74		Occupational Therapy						
Professional	11	4A	4W	(Application of hot or	97010	GO		033.00	1.5 .	
Services	84	84		cold packs)		_		\$23.00	15 min	
Duofostanal	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of Traction,	97012	GO		\$23.00	15 min	
	84	84		Mechanical)			l			

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	ional S	Services (Occupa	tional	Thera	apy) (continu	ed	
Professional	37 11	74 4A		Occupational Therapy		~~~				
Services	84	4A 84	4W	(Application of electrical stimulation/ unattended)	97014	GO		\$23.00	15 min	
	37	74		Occupational Therapy						
Professional	11	4 A	4W	(Application of paraffin	97018	GO		\$33.00	15	
Services	84	84		bath)				\$23.00	15 min	
	37	74		Occupational Therapy						
Professional Services	11	4 A	4W	(Application of	97022	GO		\$23.00	15 min	
Services	84	84		whirlpool)				\$23.00	15 1111	
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of electrical	97032	GO		\$23.00	15 min	
Services	84	84		stimulation/ manual)				\$23.00	15 1111	
	37	74		Occupational Therapy						
Professional Services	11	4 A	4W	(Application of	97033	GO		\$23.00	15 min	
Services	84	84		iontophoresis)				\$25.00	15 1111	
	37	74		Occupational Therapy						
Professional Services	11	4 A	4W	(Application of	97035	GO		\$23.00	15 min	
Services	84	84		ultrasound)						
	37	74		Occupational Therapy						
Professional Services	11	4 A	4W	(OT Therapeutic	97110	GO		\$23.00	15 min	
	84	84		Procedure)						
D C · 1	37	74								
Professional Services	11	4 A	4W	Occupational Therapy (Massage therapy)	97124	GO		\$23.00	15 min	
	84	84								
Professional	37	74		Quanational Thorany						
Services	11	4 A	4W	Occupational Therapy (Manual therapy)	97140	GO		\$23.00	15 min	
	84	84								
Professional	37	74		Occupational Therapy						
Services	11	4 A	4W	(Therapeutic activities)	97530	GO		\$23.00	15 min	
	84	84		- /						
Professional	37	74		Occupational Therapy						
Services	11	4 A	4W	(Cognitive skills development)	97129	GO		\$23.00	15 min	
	84	84		uevelopment)						
Professional	37	74		Occupational Therapy						
Services	11	4A	4W	(Wheelchair management)	97542	GO		\$23.00	15 min	
	84	84		management)						

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 (Physical Therapy)											
Professional	35	65		Physical Therapy								
Services	11	4 A	4W	(PT Evaluation low complex 20 min)	97161			\$29.60	20 min			
	84	84		1 /								
Professional Services	35 11	65 4A	4W	Physical Therapy (PT Evaluation mod	97162			\$44.40	30 min			
Services	84	84	4.11	complex 30 min)	97102			944.40	50 mm			
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 of care)	97164							
Services	84	84						\$23.00	15 min			
	35	65	4W	Physical Therapy (Application of hot or cold packs)	97010							
Professional	11	4 A				GP		622.00	15			
Services	84	84						\$23.00	15 min			
	35	65	4W	Physical Therapy								
Professional Services	11	4 A		(Application of traction,	97012	GP		\$23.00	15 min			
Stivitts	84	84		mechanical)				\$23.00	15 1111			
	35	65	4W	Physical Therapy								
Professional Services	11	4A		(Application of electrical stimulation/ unattended)	97014	GP		\$23.00	15 min			
	84	84						\$20100				
D	35	65	4W	Physical Therapy (Application of paraffin bath)	97018							
Professional Services	11	4 A				GP		\$23.00	15 min			
	84	84										
Professional	35	65		Physical Therapy								
Services	11	4 A	4W	(Application of whirlpool)	97022	GP		\$23.00	15 min			
	84	84		winiipoorj								
Professional	35	65	4337	Physical Therapy	05022	CD						
Services	11 84	4A	4W	(Application of electrical stimulation/ manual)	97032	GP		\$23.00	15 min			
	84 35	84 65		,								
Professional	55 11	05 4A	4W	Physical Therapy (Application of	97033	GP						
Services	84	4A 84	4 **	iontophoresis)	97033	Gr		\$23.00	15 min			
	35	65										
Professional	11	4A	4W	Physical Therapy (Application of	97035	GP						
Services	84	84	4 11	(Application of ultrasound)	27035	Gr		\$23.00	15 min			
	35	65										
Dave for the l	11	4A		Dh								
Professional Services	84	84	4W	Physical Therapy (Therapeutic Procedure)	97110	GP		\$23.00	15 min			

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 (Physi	ical Th	erapy	y) cor	ntinued		
Professional	35	65		Physical Therapy						
Services	11	4 A	4W	(neuromuscular re-education)	97112			\$23.00	15 min	
	84	84		re-education)						
Professional	35	65		Physical Therapy	0711(
Services	11 84	4A 84	4W	(Gait training)	97116			\$23.00	15 min	
	84 35	84 65								
Professional	11	05 4A	4W	Physical Therapy	97124	GP				
Services	84	84	4 **	(Massage therapy)	9/124	Gr		\$23.00	15 min	
	35	65								
Professional	11	4A	4W	Physical Therapy (Manual therapy)	97140	GP		\$23.00	15 min	
Services	84	84								
	35	65	4W	Physical Therapy (Therapeutic activities)						
Professional	11	4 A			97530	GP		622.00	15	
Services	84	84		(Therapeutic activities)				\$23.00	15 1111	
	35	65	4W	Physical Therapy (Wheelchair Management)	97542					
Professional Services	11	4 A				GP		\$23.00	15 min	
Stivites	84	84						\$23.00	15 mm	
			Pro	ofessional Service	es (Soci	al W	ork)			
	73	73								
Professional Services	11	4 A	4W	Social Worker (Family psychotherapy)	90847	AJ		\$18.00	15 min	
	84	84						\$23.00 15 \$23.00 15 \$18.00 15	-	
	73	73								
Professional	11	4A		Social Worker						
Services	84	84	4W	(Group psychotherapy)	90853	AJ		\$18.00	15 min	
			-							
	-									
Professional	73	73	4887	Social Worker	07525	A T				
Services	11 84	4A 84	4W	(Self-care Management Training)	97535	AJ		\$18.00	15 min	
	84 73	84 73		0,						
Professional	11	4A	4W	Social Worker (Community/ Work	97537	AJ				
Services	84	84		Reintegration)	21331	110		\$18.00	15 min 15 min 15 min	
	73	73								
	11	4A		Social Worker	99509	AJ				
Professional Services	84	84	4W	(Home visit assistance w/ADL's and personal care)				\$18.00	15 min	

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 (Social Work) continued												
	73	73		Social Worker									
Professional Services	11	4A	4 W	(Home Visit,	99510	AJ		\$18.00	15 min				
	84	84		Sing/M/Fam Counseling)									
Professional	73	73		Social Worker									
Services	11	4 A	4W	(Unlisted Home Visit	99600	AJ		\$18.00	15 min				
	84	84		Service or Procedure)									
Professional	73	73		Social Worker									
Services	11	4 A	4W	(HHCP-SVS of CSW)	G0155			\$18.00	15 min				
	84	84											
Professional	73	73	4W	Social Worker (Assertive Community treatment face to face)	H0039	AJ							
Services	11	4 A						\$18.00) 15 min				
	84	84		treatment face to face)									
Professional	73	73	4W	Social Worker (Mental Health Services, NOS)									
Services	11	4 A			H0046	AJ		\$18.00	15 min				
	84	84											
Professional	73	73	4W	Social Worker		1 AJ							
Services	11	4 A		(Crisis Intervention)	H2011			\$18.00	15 min				
	84	84											
Professional	73	73	4W	Social Worker (Skilled Training and Development)	H2014								
Services	11	4 A						\$18.00	15 min				
	84	84											
Professional	73	73		Social Worker									
Services	11	4A	4W	(Psychosocial Rehab Services)	H2017	AJ		\$18.00	15 min				
	84	84		Services									
Professional	73	73		Social Worker	****								
Services	11	4A	4W	(Therapeutic Behavior Service)	H2019	AJ		\$18.00	15 min				
	84	84		501 (100)									
Professional	73	73		Social Worker		. –							
Services	11	4A	4W	(Community-based Wrap Around)	H2021	AJ		\$18.00	15 min				
	84	84		Titoula)									
			Pr	ofessional Service	es (Psy	cholo	gy)						
Professional	31	62, 95,96		Psychologist (Interactive									
Services	11	4 A		Psychological Diagnostic	90791			\$31.25	15 min				
Services	84	84		Interview)	20721								

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	ional Services (Ps	ycholo	gy) c	ontin	ued		
	31	62, 95,96		Psychologist						
Professional Services	11	4A	4W	(Individual	90832			\$31.25	15 min	
~~~~~~~~~~	84	84		Psychotherapy)						
Professional	31	62, 95,96		Psychologist	90846					
Services	11	<b>4</b> A	<b>4W</b>	(Family therapy without patient present)	90840			\$31.25	15 min	
	84	84								
Professional	31	62, 95,96	4W	<b>Psychologist</b> (Special Family Therapy w/ patient)	90847					
Services	11	4A				AH		\$31.25	15 min	
	84	84								
Professional	31	62, 95,96	4W	Psychologist (Group Psychotherapy)						
Services	11	4A			90853	AH		\$31.25	15 min	
	84	84								
Professional	31	62, 95,96	4W	<b>Psychologist</b> (Pharmacologic Management)	90863					
Services	11	<b>4</b> A						\$31.25	15 min	
	84	84								
Professional	31	62, 95,96		Psychologist						
Services	11	<b>4</b> A	4W	(Psychological Testing by Psychologist	96130			\$31.25	15 min	
	84	84		10,0000,000						
Professional	31	62, 95,96		Psychologist						
Services	11	<b>4</b> A	4W	(Psychological Testing by Tech)	96138			\$31.25	15 min	
	84	84		,						
Professional	31	62, 95,96	ANV	<b>Psychologist</b>						
Services	11	4A	4W	(Neuropsychological testing)	96132			\$31.25	15 min	
	84	84		•						

HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB- SPECIALTY	SERVICE DESCRIPTION	<b>PROCEDURE</b> CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS
			rofess	ional Services (Ps	ycholo	gy) c	ontin	ued		
Professional Services	31 11	62, 95,96 4A	4W	<b>Psychologist</b> (Self-care Management Training)	97535	AH		\$31.25	15 min	
Professional	84 31	84 62, 95,96	4W	Psychologist (Community/ Work		АН				
Services	11 84 31	4A 84 62,		Reintegration) Psychologist	97537			\$31.25	15 min	
Professional Services	31 11 84	95,96 4A 84	4W	(Home visit for Assistance with ADL's and Personal Care)	99509	AH		\$31.25	15 min	
Professional Services	31 11	62, 95,96 4A	4W	Psychologist (Home Visit, Sing/M/Fam Counseling)	99510	AH		\$31.25	15 min	
Professional	84 31	84 62, 95,96	4W	Psychologist (Unlisted Home Visit Service or Procedure)     9960	00/00					
Services	11 84	4A 84 62,			99600	AH		\$31.25	15 min	
Professional Services	31 11 84	95,96 4A 84	4W	<b>Psychologist</b> (Assertive Community Treatment Face to Face)	H0039	AH		\$31.25	15 min	
Professional Services	31 11	62, 95,96 4A	4W	<b>Psychologist</b> (Mental Health Services, NOS)	H0046	АН		\$31.25	15 min	
Professional	84 31	84 62, 95,96	4W	Psychologist	H2011	АН				
Services	11 84 31	4A 84 62,		(Crisis Intervention)				\$31.25	15 min	
Professional Services	11 84	95,96 4A 84	4W	Psychologist (Psychosocial Rehab Services)	H2017	AH		\$31.25	15 min	
Professional Services	31 11 84	62, 95,96 4A 84	4W	<b>Psychologist</b> (Therapeutic Behavior Service)	H2019	AH		\$31.25	15 min	
Professional Services	31 11 84	62, 95,96 4A 84	4W	<b>Psychologist</b> (Community-based Wrap Around)	H2021	AH		\$31.25	15 min	

HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB- SPECIALTY	SERVICE DESCRIPTION	PROCEDURE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS		
	Permanent Supportive Housing Supports											
Permanent Supportive	AW			Housing Stabilization	G9012			\$15.11	15 Min.	72 units annually		
Housing								\$60.44	1 Hour			
Permanent Supportive	AW			Housing Stabilization Transition	G9012	U8		\$15.11	15 Min.	93 units		
Housing				Tansition				\$60.44	1 Hour	annually		
	Adult Day Health Care (ADHC) Service											
Medical Rehabilitation Day Program	85	35	4W	Adult Day Health Care Center Based Service (ADHC)	\$5100			\$2.78 Rate include provider specific transportatio rate	15 min	Max 40 unit per day		
			Μ	lonitored In-Ho	me Ca	re Giv	ing					
Monitored In- Home Care Giving	MI	35		Waiver Service - not otherwise specified Level 1	T2033			\$90.03	per diem			
Monitored In- Home Care Giving	MI	35		Waiver Service - not otherwise specified Level 2	T2033	TG		\$135.04	per diem			
Monitored In- Home Care Giving	MI	35		Assessment	T1028	TU		\$250.00	one time			
	Financial Management Services											
Financial Management Services (FMS) Monthly Administrati ve Fee	01			Financial Management Services	W7319		\$1	05.88	Monthly			