CHAPTER 38: RESIDENTIAL OPTIONS WAIVER APPENDIX E: BILLING CODES

PAGE(S) 16

BILLING CODES

The following chart describes the codes and rates 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	PROCEDURZE 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			\$176.79	1 flat monthly	12 annually
	ı.			Transition F	unding	g			I	
Community Transition Waiver	2	4 A		One time transition service	T2038			\$3000		Life time maximum limit
		(Comi	munity Living Sup	ports (Resi	denti	al)		
Attendant Care Services	82	82	4W	Community Living Supports – 1 Person	S5125			\$4.63	15 min	
Attendant Care Services	82	82	4W	Community Living Supports – 2 Persons	85125	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-Childre	n unde	er 18	(Resi	dential)		
Foster Care	84	84	4W	Host Home Level 1	S5140	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	S5140	U2	НА	\$68.95	Per diem	

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
		Host l	Home	e Services-Adults	18 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	npanion Care Serv	vices (F	Resido	ential)		
Companion Care, Adult	82	82	4W	Companion Care	S5136			\$92.02	Per diem	
				Living Services-I		-				
		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 pec	ople)			
]	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	

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
	Partic	vinant		ared Living-New ed or Owned Resi		-		al) cont	inued	
		пращ	LEAS	eu of Owneu Kest	uence	(1/621	uenti	ai) com	Innueu	
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	nversi	on/Provider Lease	ed or C)wne	d Res	idence	(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	4A	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	4H	Shared Living – Level 4 Up to 4 people	T2033	U2	UQ	\$111.26	Per diem	

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
				Respite Se	rvices					
Respite Care Services	83	83		Respite Care Services- Out of Home	T1005	HQ		\$3.50	15 min	720 hours
			Pers	onal Emergency	Respon	ise Sy	ystem	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	

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
			Tra	nsportation (Resid	lential	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
		I	Α	daptation/Accessib	oility S	ervice	es		I	
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	
				Vocational S	ervices		1		I	
Supported Employment	98	98		Supported Employment, Individual Job and Assistance with Micro Enterprise in a 1:1 ratio	H2023	TT		\$13.00	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	TT	GT	\$13.63	15 Min	Up to 8 Units per day
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			\$2.88	15 Min	32 Units per Day
Non-Emergency Transportation	13	36		Regular Transportation for Prevocational Services	T2002			\$20.00	Per Day	

LOUISIANA MEDICAID PROGRAM

ISSUED: 03/27/23 REPLACED: 07/01/22

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER APPENDIX E: BILLING CODES

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	\$3.88	15 Min	

ISSUED: XX/XX/

REPLACED:

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER APPENDIX E: BILLING CODES

PROVIDER TYPE PROVIDER SUB-SPECIALTY STANDARD UNIT OF SERVICE PROVIDER SPEC **MODIFIER 2** PROCEDURE **MODIFIER 1** HIPAA CODE ANNUAL SERVICE CODE RATE SERVICE DESCRIPTION LIMITS NAME **Vocational Services (continued)** 32 Units Day 14 50 **Day Habilitation** T2021 \$2.48 15 Min Habilitation per Day Onsite in a 1:5-8 ratio Virtual Delivery of Day Habilitation 1: 5-8 ratio Up to 20 Day T2021 GT Units per 14 50 \$2.98 15 Min Habilitation day **Community Life** Up to 20 Day Engagement in a T2021 UQ 14 50 \$3.88 15 Min Units per Habilitation Ratio of 1: 2-4 ratio day Per Day Non-Emergency **Regular Transportation** 50 T2002 14 Transportation for Day Habilitation \$20.00 **Nursing Services** In Home LPN-Intermittent 44 87 **Nursing Care 4**W Services \$71.44 Per visit G0300 11 4A by LPN (1 person) Services of LPN-Intermittent 44 87 **Skilled Nurse In** 4W Services **Home Health** G0300 TΤ \$35.70 Per visit 11 **4**A (up to 4 persons) Setting In Home 44 87 LPN-Extended Services **Nursing Care 4**W S9124 (1 person) \$41.60 Per hour 11 **4**A by LPN In Home 44 87 LPN-Extended Services **4**W **Nursing Care** S9124 TΤ \$20.80 (up to 2 persons) Per Hour 11 **4**A by LPN 44 87 **RN** Intermittent Nursing RN **4**W Services (1 person) G0299 \$89.51 Per visit 11 **4**A 44 87 **RN Extended** Nursing RN **4**W TΤ S9123 Services (up to 2 persons) \$21.10 Per hour 11 4A 44 87 **RN Extended** Nursing RN 4W S9123 Services \$44.20 (1 person) Per hour 11 **4**A 44 87 **RN** Intermittent Nursing RN 4W TT G0299 (up to 4 persons) \$44.62 Per visit Services 11 **4**A

Billing Codes

23

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES

Professional Services (Registered Dictician (Individual)Professional Services41,11, 844R4WRegistered Dictician (Individual), Subsequent)9780259.0015 minProfessional Services41,11, 844R4WRegistered Dictician (Individual, Subsequent)978032259.0015 minProfessional Services41,11, 844R4WRegistered Dictician (Individual, Subsequent)97804259.0015 minProfessional Services3971 14A4WRegistered Dictician (Croup)97804259.0015 minProfessional Services3971 14A4WSpeech Therapy Evaluation of Speech ploundogical process, apraxia, dysarthia)92521521.0015 minProfessional Services114A4WSpeech Therapy Evaluation of Speech sound production (e.g. articulation, ploundogical process, apraxia, dysarthia)92522521.0015 minProfessional Services114A4WSpeech Therapy Evaluation of Speech sound production (e.g. articulation, expression apraxia, dysarthia)92523521.0015 minProfessional Services114A4WSpeech Therapy Evaluation of Speech sound Production (e.g. articulation, expression and expression and expressi	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
Services84444W $r_{(individual)}$ 9780299.0015 minProfessional Services41,11, 844R4WRegistered Dictician (Group)97803259.0015 minProfessional Services41,11, 844R4WRegistered Dictician (Group)97804259.0015 minProfessional Services3971 114A4WRegistered Dictician (Group)97804259.0015 minProfessional Services3971 114A4WSpeech Therapy Evaluation of Speech herapy (e.g. articulation, phonological proces, aparxia, dysarthria)925212521.0015 minProfessional Services3971 114A4WSpeech Therapy Evaluation of Speech Sound production (e.g. articulation, phonological proces, aparxia, dysarthria)92522521.0015 minProfessional Services114A4WSpeech Therapy 			F	Profess	sional Services (R	legister	ed D	ietici	an)		
Services844R4W(Individual, Subsequent)97803\$9.0015 minProfessional Services41,11, 844R4WRegistered Dictician (Group)97804\$9.0015 minProfessional Services3971 114A4WSpeech Therapy Evaluation of Speech Puency (c.g. stuttering)92521\$21.0015 min114A4WSpeech Therapy Evaluation of Speech Puency (c.g. stuttering)92521\$21.0015 min114A4WSpeech Therapy Evaluation of Speech Sound Production (c.g. articulation, phonological process, aparxia, dysarthria)92522\$21.0015 minProfessional114A4WSpeech Therapy Evaluation of Speech Sound Production (c.g. articulation, phonological process, aparxia, dysarthria)92522\$21.0015 minProfessional114A4WSpeech Therapy Evaluation of Speech Sound Production (c.g. articulation, phonological process, aparxia, dysarthria)92523\$21.0015 minProfessional Services114A4WSpeech Therapy Behavioral and Qualitative Analysis of Voice and Resonace92524\$21.0015 minProfessional Services3971 14WSpeech Therapy Behavioral and Qualitative Analysis of Voice and Resonace92524\$21.0015 minProfessional Services3971 14WSpeech Therapy Behavioral and Qualitative Analysis of Voice and Res			4R	4W		97802			\$9.00	15 min	
Services 84 44 4W Group) 97,004 99,00 15 min Professional Services 39 71 Speech Therapy Evaluation of Speech Fluency (e.g. stutering, cluttering) 92521 S21.00 15 min 970fessional Services 39 71 Speech Therapy Evaluation of Speech Sound production (e.g. stutering) 92521 S21.00 15 min 970fessional Services 11 4A 4W Speech Therapy Evaluation of Speech apraxia, dysarthria) 92522 S21.00 15 min 970fessional Services 11 4A 4W Speech Therapy Evaluation of Speech Sound production (e.g. articulation, e.g., articulation, gapaxia, dysarthria) 92522 S21.00 15 min 970fessional Services 11 4A 4W Speech Therapy Behavioral and cxpressive language comprehension and expressive language comprehension and expressive language comprehension and expressive language comprehension and expressive language 92524 S21.00 15 min 99 71 4W Speech Therapy Behavioral and Ovoice and Resonance 92524 S21.00 15 min 970fessional Services 39 71			4R	4W		97803			\$9.00	15 min	
$\begin{array}{c c c c c c c c c c c c c c c c c c c $			4R	4W		97804			\$9.00	15 min	
Professional ServicesImage: Constraint of the constrai				Prof	essional Services	(Speec	h The	erapy	7)		
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $		39	71								
848484Cuttering)Image: Cuttering of the		11	4 A	4W	Fluency	92521			\$21.00	15 min	
Professional Services3971 4AEvaluation of Speech sound production (e.g. articulation, phonological process, apraxia, dysarthria)92522S21.0015 minProfessional Services3971Speech Therapy Evaluation of Speech Sound Production (e.g. articulation, phonological process, apraxia, dysarthria)92522S21.0015 minProfessional Services114A4WSpeech Therapy Evaluation of Speech Sound Production (e.g., articulation, phonological process, apraxia, dysarthria)92523S21.0015 minProfessional Services3971Speech Therapy Behavioral and Qualitative Analysis of Voice and Resonance92524S21.0015 minProfessional Services3971Speech Therapy Behavioral and Qualitative Analysis of Voice and Resonance92524S21.0015 minProfessional Services3971Speech Therapy Behavioral and Qualitative Analysis of Voice and Resonance92524S21.0015 minProfessional Services3971Speech Therapy (Speech Language Hearing Therapy)92507S21.0015 minProfessional Services3971444WSpeech Therapy (Laryngeal function (Laryngeal function)92520S21.0015 min		84	84								
Services114A4W(e.g. articulation, phonological process, apraxia, dysarthria)92522\$21.0015 min848484Speech Therapy Evaluation of Speech Sound Production (e.g., articulation, phonological process, apraxia, dysarthria)8\$2523\$21.0015 minProfessional Services114A4WSpeech Therapy Evaluation of Speech language comprehension and expression (e.g., articulation, phonological process, apraxia, dysarthria)92523\$21.0015 minProfessional Services3971Speech Therapy Behavioral and Qualitative Analysis of Voice and Resonance92524\$21.0015 minProfessional Services3971Speech Therapy Behavioral and Qualitative Analysis of Voice and Resonance92524\$21.0015 minProfessional Services3971Speech Therapy Behavioral and Qualitative Analysis of Voice and Resonance92524\$21.0015 minProfessional Services3971Speech Therapy (Speech Language Hearing Therapy)92507\$21.0015 minProfessional Services3971Speech Therapy (Laryngeal function (Laryngeal function (Laryngeal function (Laryngeal function92520\$21.0015 min		39	71		Evaluation of Speech						
8484apraxia, dysarthria)3971Speech Therapy Evaluation of Speech Sound Production (e.g., articulation, phonological process, apraxia, dysarthria)92523\$21.0015 min114A4WSpeech Therapy Evaluation of Speech outproduction (e.g., articulation, phonological process, apraxia, dysarthria)92523\$21.0015 min848484Speech Therapy expression and expression and expression language)92524\$21.0015 minProfessional Services39714WSpeech Therapy Behavioral and Qualitative Analysis of Voice and Resonance92524\$21.0015 minProfessional Services39714WSpeech Therapy Behavioral and Qualitative Analysis of Voice and Resonance92524\$21.0015 minProfessional Services39714WSpeech Therapy (Speech Language Hearing Therapy)92507\$21.0015 minProfessional Services39714WSpeech Therapy (Laryngeal function (Laryngeal function)92520\$21.0015 min				4W	(e.g. articulation,	92522			\$21.00	15 min	
3971Evaluation of Speech Sound Production (e.g., articulation, phonological process, aparaia, dysarthria) with evaluation of language comprehension and expression (e.g., receptive and expression (g.g., receptive and expression (e.g., receptive and expression (e.g., receptive and expression (e.g., receptive and expression (e.g., receptive and expression (e.g., receptive and expression (g.g., recept		84	84		apraxia, dysarthria)						
Professional Services114A4Wapraxia, dysarthria) with evaluation of language comprehension and expression (e.g., receptive and expressive language)92523\$21.0015 min8484		39	71		Evaluation of Speech Sound Production (e.g., articulation,						
8484expression (e.g., receptive and expressive language)114Professional Services3971 114A4WSpeech Therapy Behavioral and Qualitative Analysis of 		11	4 A	4W	apraxia, dysarthria) with evaluation of language	92523			\$21.00	15 min	
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $		84	84		expression (e.g., receptive and expressive language)						
Services114A4WQualitative Analysis of Voice and Resonance92524 $$21.00$ 15 minProfessional Services3971AAWSpeech Therapy (Speech Language Hearing Therapy)92507 $$21.00$ 15 minProfessional Services3971AAWSpeech Therapy (Speech Language Hearing Therapy)92507 $$21.00$ 15 minProfessional Services3971AAWSpeech Therapy (Laryngeal function traction)92520 $$21.00$ 15 min	Duofossional	39	71		Speech Therapy						
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $				4W		92524			\$21.00	15 min	
Professional Services114A4WSpeech Therapy (Speech Language Hearing Therapy)92507\$21.0015 minProfessional Services3971Speech Therapy (Laryngeal function structure)92507\$21.0015 min											
ServicesII4A4W(Speech Language Hearing Therapy)92507\$21.0015 min84843971Speech Therapy (Laryngeal function weaking the interview)92520\$21.0015 min	Professional					0.0.707					
OrderOrderOrderOrderOrderOrderOrderProfessional Services3971Speech Therapy (Laryngeal function (Laryngeal function)92520\$21.0015 min				4W		92507			\$21.00	15 min	
Professional Services 11 4A 4W Speech Interapy (Laryngeal function 92520 \$21.00 15 min											
Services \$21.00 I5 min	Professional			AW		92520					
84 84 studies)	Services	84		-111	studies)	72320			\$21.00	15 min	

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
		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	
	84	84								
Professional	39	71		Speech Therapy						
Services	11	4A	4W	(Evaluation for non- speech device RX)	92605			\$21.00	15 min	
	84	84		specen device KX)						
Professional	39	71	4337	Speech Therapy	00(0)					
Services	11 84	4A 84	4W	(Non-speech device service)	92606			\$21.00	15 min	
	39	04 71		,						
Professional	11	4A	4W	Speech Therapy (Ex for speech device	92607					
Services	84	84		RX)	/=00/			\$21.00	15 min	
	39	71		Speech Therapy						
Professional Services	11	4A	4W	(Evaluate swallowing	92610			\$21.00	15 min	
Services	84	84		function)				521.00	15 1111	
	39	71								
Professional Services	11	4A	4W	Speech Therapy (Therapeutic activities)	97530	GN		\$2.00	15 min	
Services	84	84		(111114)				02000		
Professional	39	71		Speech Therapy	97129					
Services	11	4 A	4W	(Cognitive skills development)	9/129	GN		\$21.00	15 min	
	84	84		development)						
		Pr	ofessi	onal Services (Oc	cupati	onal	Ther	apy)		
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(OT Evaluation low	97165			\$44.40	30 min	
	84	84		complex 30 min)	2.100			<i></i>	•• mm	
Professional Services	37 11	74 4A	4W	Occupational Therapy	97166			\$66.60	45 min	
Services	84	84		(OT Evaluation mod complex 45min)	9/100			500.00	45 11111	
Professional	37	74	4W	Occupational Therapy						
Services	11 84	4A 84		(OT Evaluation high complex 60 min)	97167			\$88.80	60 min	
	37	- 04 74		*						
Professional	11	4A	4W	Occupational Therapy (OT re-evaluation est				A		
Services	84	84		plan of care)	97168			\$23.00	15 min	
	37	74		Occupational Therapy	ł					
Professional Services	11	4A	4W	(Application of hot or	97010	GO		\$23.00	15 min	
Services	84	84		cold packs)				525.00	13 11111	
Professional Services	37 11 84	74 4A 84	4W	Occupational Therapy (Application of Traction, Mechanical)	97012	GO		\$23.00	15 min	

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
	P	rofess	ional	Services (Occupa	tional '	Thera	apy) (continu	ed	
Professional Services	37 11 84	74 4A 84	4W	Occupational Therapy (Application of electrical stimulation/unattended)	97014	GO		\$23.00	15 min	
Professional Services	37 11	74 4A	4W	Occupational Therapy (Application of paraffin bath)	97018	GO		\$23.00	15 min	
Professional	84 37 11	84 74 4A	4W	Occupational Therapy (Application of	97022	GO				
Services	84 37	4A 84 74	4 99	whirlpool)	77022	60		\$23.00	15 min	
Professional Services	11 84	4A 84	4W	Occupational Therapy (Application of electrical stimulation/ manual)	97032	GO		\$23.00	15 min	
Professional Services	37 11 84	74 4A 84	4W	Occupational Therapy (Application of iontophoresis)	97033	GO		\$23.00	15 min	
Professional Services	37 11 84	74 4A 84	4W	Occupational Therapy (Application of ultrasound)	97035	GO		\$23.00	15 min	
Professional Services	37 11 84	84 74 4A 84	4W	Occupational Therapy (OT Therapeutic Procedure)	97110	GO		\$23.00	15 min	
Professional Services	37 11 84	74 4A 84	4W	Occupational Therapy (Massage therapy)	97124	GO		\$23.00	15 min	
Professional Services	37 11 84	74 4A 84	4W	Occupational Therapy (Manual therapy)	97140	GO		\$23.00	15 min	
Professional Services	37 11 84	74 4A 84	4W	Occupational Therapy (Therapeutic activities)	97530	GO		\$23.00	15 min	
Professional Services	37 11 84	74 4A 84	4W	Occupational Therapy (Cognitive skills development)	97129	GO		\$23.00	15 min	
Professional Services	37 11 84	74 4A 84	4W	Occupational Therapy (Wheelchair management)	97542	GO		\$23.00	15 min	

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
			Profe	ssional Services (Physic	al Th	erap	y)		
Professional	35	65		Physical Therapy						
Services	11	4 A	4W	(PT Evaluation low	97161			\$29.60	20 min	
	84	84		complex 20 min)						
Professional Services	35 11	65 4A	4W	Physical Therapy (PT Evaluation mod	97162			\$44.40	30 min	
Services	84	84		complex 30 min)	7/102			977.70	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	07164			633 00		
Services	84	84		of care)	97164			\$23.00	15 min	
	35	65		Physical Therapy						
Professional Services	11	4A	4W	(Application of hot or	97010	GP		\$23.00	15 min	
Services	84	84		cold packs)				¢20.00	15 1111	
	35	65		Physical Therapy						
Professional Services	11	4A	4W	(Application of traction,	97012	GP		\$23.00	15 min	
	84	84		mechanical)				• • • • • •	-	
Professional	35	65		Physical Therapy						
Services	11	4 A	4W	(Application of electrical stimulation/ unattended)	97014	GP		\$23.00	15 min	
	84	84		stimulation/ unattended)						
Professional	35	65		Physical Therapy						
Services	11	4A	4W	(Application of paraffin bath)	97018	GP		\$23.00	15 min	
	84	84								
Professional	35	65	-	Physical Therapy	05022	CD				
Services	11	4A	4W	(Application of whirlpool)	97022	GP		\$23.00	15 min	
	84 35	84 65		1 /						
Professional	11	4A	4W	Physical Therapy (Application of electrical	97032	GP				
Services	84	84	4.00	stimulation/ manual)	97032	GI		\$23.00	15 min	
	35	65								
Professional	11	4A	4W	Physical Therapy (Application of	97033	GP				
Services	84	84		iontophoresis)	21000	01		\$23.00	15 min	
	35	65		Dhysical Theyapy						
Professional	11	4A	4W	Physical Therapy (Application of	97035	GP		¢72.00	15	
Services	84	84	1	ultrasound)				\$23.00	15 min	
	35	65								
Professional	11	4 A]	Physical Therapy						
Services	84	84	4W	(Therapeutic Procedure)	97110	GP		\$23.00	15 min	

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
		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						
Services	11	4A	4W	(Gait training)	97116			\$23.00	15 min	
	84	84								
Professional	35	65		Physical Therapy		CD				
Services	11	4A	4W	(Massage therapy)	97124	GP		\$23.00	15 min	
	84	84								
Professional	35 11	65 4A	4W	Physical Therapy	97140	CD				
Services	84	4A 84	4 W	(Manual therapy)	9/140	GP		\$23.00	15 min	
	35	65								
Professional	11	4A	4W	Physical Therapy	97530	GP				
Services	84	84		(Therapeutic activities)	71350	UI		\$23.00	15 min	
	35	65								
Professional	11	4A	4W	Physical Therapy (Wheelchair	97542	GP				
Services	84	84		Management)				\$23.00	15 min	
	I		Pro	ofessional Service	es (Soci	al W	ork)	1		L
	73	73			```		,			
Professional	11	4A	4W	Social Worker	90847	AJ				
Services	84	84		(Family psychotherapy)				\$18.00	15 min	
	73	73								
	11	4 A								
Professional	84	84	4 W	Social Worker	90853	AJ		\$18.00	15 min	
Services				(Group psychotherapy)				\$10.00	15 1111	
	73	73		Social Worker						
Professional Services	11	4 A	4W	(Self-care Management	97535	AJ		\$18.00	15 min	
501 (1005	84	84		Training)				\$10.00	10 1111	
D.C	73	73		Social Worker						
Professional Services	11	4 A	4W	(Community/ Work	97537	AJ		\$18.00	15 min	
	84	84		Reintegration)						
	73	73								
Duofossional	11	4 A		Social Worker						
Professional Services	84	84	4W	(Home visit assistance w/ADL's and personal care)	99509	AJ		\$18.00	15 min	

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
		Pr	ofessi	onal Services (So	cial Wo	ork) (contir	nued		
	73	73		Social Worker						
Professional Services	11	4A	4W	(Home Visit,	99510	AJ		\$18.00	15 min	
	84	84		Sing/M/Fam Counseling)				+		
Duefessional	73	73		Social Worker						
Professional 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	-	Social Worker						
Services	11	4A	4W	(Assertive Community	H0039	AJ		\$18.00	15 min	
	84	84		treatment face to face)						
Professional	73	73	-	Social Worker						
Services	11	4A	4W	(Mental Health Services, NOS)	H0046	AJ		\$18.00	15 min	
	84	84		103)						
Professional	73	73		Social Worker						
Services	11	4A	4W	(Crisis Intervention)	H2011	AJ		\$18.00	15 min	
	84	84								
Professional	73	73	-	Social Worker						
Services	11	4A	4W	(Skilled Training and Development)	H2014			\$18.00	15 min	
	84	84		Development)						
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		5617100)						
Professional	73	73	4557	Social Worker	112021					
Services	11	4A	4W	(Community-based Wrap Around)	H2021	AJ		\$18.00	15 min	
	84	84		,						
			Pr	ofessional Servic	es (Psy	cholo	gy)			
Professional	31	62, 95,96		Psychologist (Interactive						
Services	11	4 A		Psychological Diagnostic	90791			\$31.25	15 min	
	84	84		Interview)						

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES

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	Professional Services (Psychology) continued										
	31	62, 95,96	4W	Psychologist (Individual Psychotherapy)	90832						
Professional Services	11	4A						\$31.25	15 min		
	84	84									
Professional	31	62, 95,96	4W	Psychologist (Family therapy without patient present)	90846						
Services	11	4A						\$31.25	15 min		
	84	84									
Professional	31	62, 95,96	4W	Psychologist (Special Family Therapy w/ patient)	90847						
Services	11	4 A				AH		\$31.25	15 min		
	84	84									
Professional	31	62, 95,96	4W	Psychologist (Group Psychotherapy)	90853						
Services	11	4A				АН		\$31.25	15 min		
	84	84									
Professional	31	62, 95,96	4W	Psychologist (Pharmacologic Management)	90863						
Services	11	4 A						\$31.25	15 min		
	84	84									
Professional	31	62, 95,96	4W	Psychologist (Psychological Testing by Psychologist	96130						
Services	11	4A						\$31.25	15 min		
	84	84 62,									
Professional	31	95,96	4W	Psychologist (Psychological Testing by Tech)	96138						
Services	11	4A						\$31.25	15 min		
	84 31	84 62,	4W	Psychologist (Neuropsychological testing)							
Professional	-	95,96									
Services	11	4A			96132			\$31.25	15 min		
	84	84									

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	
	Professional Services (Psychology) continued										
	31	62, 95,96	4W	Psychologist (Self-care Management	97535	AH					
Professional Services	11	4 A						\$31.25	15 min		
	84	84		Training)							
Professional	31	62, 95,96		Psychologist (Community/ Work	97537	АН		\$31.25			
Services	11	4A	4W						15 min		
	84	84		Reintegration)							
Professional	31	62, 95,96		Psychologist (Home visit for Assistance with ADL's and Personal Care)							
Services	11	4A	4W		99509	AH	\$31	\$31.25	15 min		
	84	84									
Professional	31	62, 95,96	4W	Psychologist (Home Visit, Sing/M/Fam Counseling)				\$31.25 15 min			
Services	11	4 A			99510	AH			15 min		
	84	84									
Professional	31	62, 95,96	4W	Psychologist (Unlisted Home Visit Service or Procedure)	99600		\$31				
Services	11	4A				АН		\$31.25	15 min		
	84	84							ļ		
Professional	31	62, 95,96	4W	Psychologist (Assertive Community Treatment Face to Face)	H0039	AH	\$31.25				
Services	11	4 A						\$31.25	15 min		
	84	84							ļ		
Professional	31	62, 95,96	4W	Psychologist (Mental Health Services, NOS)	H0046	AH					
Services	11	4 A						\$31.25	15 min		
	84	84									
Professional	31	62, 95,96	4W	Psychologist (Crisis Intervention)	H2011	AH		\$31.25	15 min		
Services	11	4 A				All					
	84 31	84 62,	4W	Psychologist (Psychosocial Rehab Services)	H2017	АН					
Professional Services		95,96									
	11	4A			112017			\$31.25	15 min		
	84	84 62,		· · · · · · · · · · · · · · · · · · ·							
Professional Services	31 11	95,96 4A	4W	Psychologist (Therapeutic Behavior Service)	H2019	AH		\$31.25	15 min		
	84	4A 84									
	31	62, 95,96	4W	Psychologist (Community-based Wrap Around)	H2021	АН					
Professional Services	11	95,90 4A						\$31.25	15 min		
	84	84									

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES

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Permanent Supportive Housing Supports										
Permanent					Gaada			\$15.11	15 Min.	72 units annually
Supportive Housing	AW			Housing Stabilization	G9012			\$60.44	1 Hour	
Permanent	4 33 7			Housing Stabilization	C0010			\$15.11	15 Min.	93 units annually
Supportive Housing	AW			Transition		U8		\$60.44	1 Hour	
	Adult Day Health Care (ADHC) Service									
Medical Rehabilitation Day Program	85	35	4W	Adult Day Health Care Center Based Service (ADHC)	S5100			\$2.78 Rate include provider specific transportatio rate	15 min	Max 40 unit per day
Monitored In-Home Care Giving										
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	