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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 |
| | | | | Transition F | undin | g | | | | |
| Community Transition Waiver | 2 | 4A | | One time transition service | T2038 | | | \$3000 | | Life time maximum limit |
| | | (| Comi | munity Living Sup | ports (| Resid | 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 | S5125 | UN | | \$3.31 | 15 min | |
| Attendant Care Services | 82 | 82 | 4W | Community Living Supports – 3 persons | S5125 | UP | | \$2.71 | 15 min | |
| | | Host] | Home | e Services-Children | n unde | r 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 | |

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| T | | | | | | | | | | | | |
|------------------------------|---|---------------|---------------------------|-------------------------|-------------------|------------|------------|----------|-----------------------------|-----------------------------|--|--|
| 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 | Iome | 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 | | | |
| | Companion Care Services (Residential) | | | | | | | | | | | |
| Companion Care, Adult | Companion 82 82 4W Companion Care S5136 | | | | | | | | | | | |
| | | | | Living Services-I | , | _ | _ | - 1 | | | | |
| | I | Prov | ider | Leased or Owned | Reside | nce (| Resid | lential) | | | | |
| Habilitation, Residential | 11 | 4A | 4G | Shared Living – Level 1 | T2016 | | | \$82.33 | Per diem | | | |
| Habilitation Residential | 11 | 4A | 4G | Shared Living – Level 2 | T2016 | TF | HQ | \$90.81 | Per diem | | | |
| Habilitation Residential | 11 | 4A | 4G | Shared Living – Level 3 | T2016 | TG | HQ | \$104.08 | Per diem | | | |
| Habilitation Residential | 11 | 4A | 4G | Shared Living – Level 4 | T2016 | U2 | НQ | \$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 | 4A | 4L | Shared Living – Level 1 | T2016 | НQ | | \$82.33 | Per diem | | | |
| Habilitation Residential | 11 | 4A | 4L | Shared Living – Level 2 | T2016 | TF | HQ | \$90.81 | 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 |
|---------------------------------------|---------------|---------------|---------------------------|---|-------------------|------------|------------|----------|-----------------------------|-----------------------------|
| | Partic | cipant | | ared Living-New ed or Owned Resi | ` - | - | - / | al) cont | tinued | |
| Habilitation Residential | 11 | 4A | 4L | Shared Living – Level 3 | T2016 | TG | HQ | \$104.08 | Per diem | |
| Habilitation Residential | 11 | 4A | 4L | Shared Living – Level 4 | T2016 | U2 | HQ | \$123.09 | Per diem | |
| Shared | Livin | g-Cor | iversi | on/Provider Leas | ed or C |)wne | d Res | idence | (Resident | tial) |
| Residential Care, (NOS), Waiver | 11 | 4A | 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 | 4A | 4J | Shared Living – Level 3 Up to 4 people | T2033 | TG | UQ | \$84.86 | Per diem | |
| Residential Care, (NOS), Waiver | 11 | 4A | 4J | Shared Living – Level 4 Up to 4 people | T2033 | U2 | UQ | \$111.26 | Per diem | |
| Shared I | Living | -Conv | ersio | n/Participant Lea | sed or | Own | ed Re | esidence | e (Resider | ntial) |
| Residential Care, (NOS), Waiver | 11 | 4A | 4H | Shared Living – Level 1 Up to 4 people | T2033 | UQ | | \$61.81 | Per diem | |
| Residential Care, (NOS), Waiver | 11 | 4A | 4Н | Shared Living – Level 2 Up to 4 people | T2033 | TF | UQ | \$70.09 | Per diem | |
| Residential Care, (NOS), Waiver | 11 | 4A | 4Н | Shared Living – Level 3 Up to 4 people | T2033 | TG | UQ | \$84.86 | Per diem | |
| Residential Care, (NOS), Waiver | 11 | 4A | 4Н | Shared Living – Level 4 Up to 4 people | T2033 | U2 | UQ | \$111.26 | 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 |
|---|---------------|---------------|---------------------------|---------------------------------------|-------------------|------------|------------|---------|-----------------------------|-----------------------------|
| | | | | 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 | Respor | 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 | |

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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 |
|--|---------------|---------------|---------------------------|---|-------------------|------------|------------|---------|-----------------------------|-----------------------------|
| | | | Tra | nsportation (Resid | ential | Servi | ces) | | | |
| Transportation Local Trip | 42 | 4X 4A | 4W | Transportation Regular - (Comm Access) | T2001 | U1 | | \$5.58 | One-way | 730 |
| Transportation -Local Trip | 42 | 4X 4A | 4W | Transportation Wheel chair – | A0090 | | | \$9.32 | One-way | 730 |
| (W/C) | | 7/1 | A | (Comm Access) daptation/Accessit | ility S | ervice | <u> </u> | | | |
| Assistive | | | 1 | daptation/11cccssit | | T VICE | | | | |
| 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 So | ervices | | | | | l |
| Supported Employment | 98 | 98 | | Supported Employment, Individual Job and Assistance with Micro Enterprise in a 1:1 ratio | H2023 | тт | | \$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 | тт | 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, | | | | | | | | | | 32 Units |
| Prevocational | 13 | 36 | | Pre-Vocational Onsite in a 1:5-8 ratio | T2025 | | | \$2.88 | 15 Min | per Day |
| Non-Emergency Transportation | 13 | 36 | | Regular Transportation for Prevocational Services | T2002 | | | \$20.00 | Per Day | |

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| 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 | |

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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 |
|---------------------------------|---------------|---------------|---------------------------|--|-------------------|------------|------------|---------|-----------------------------|------------------------------|
| | | | 1 | ocational Service | es (con | tinue | d) | | | |
| | | | | | | | | | | |
| 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: 2-4 ratio | T2021 | UQ | | \$3.88 | 15 Min | Up to 20 Units per day |
| Non-Emergency Transportation | 14 | 50 | | Regular Transportation for Day Habilitation | T2002 | | | \$20.00 | Per Day | |
| | | | | | | | | | | |
| | | | | Nursing Se | rvices | | | | | |
| In Home Nursing Care | 44 | 87 | 4W | LPN-Intermittent Services | | | | \$71.44 | Per visit | |
| by LPN | 11 | 4A | | (1 person) | G0300 | | | 4 | | |
| Services of Skilled Nurse In | 44 | 87 | 4W | LPN-Intermittent Services | | | | | | |
| Home Health Setting | 11 | 4A | ''' | (up to 4 persons) | G0300 | TT | | \$35.70 | Per visit | |
| In Home Nursing Care | 44 | 87 | 4W | LPN-Extended Services | S9124 | | | | | |
| by LPN | 11 | 4A | 7 77 | (1 person) | 37124 | | | \$41.60 | Per hour | |
| In Home Nursing Care | 44 | 87 | 4W | LPN-Extended Services | S9124 | ТТ | | | | |
| by LPN | 11 | 4A | | (up to 2 persons) | ~/ • 4 1 | | | \$20.80 | Per Hour | |
| RN Intermittent Services | 44 | 87 | 4W | Nursing RN | G0299 | | | CON F1 | Dow wit-it | |
| Services | 11 | 4A | | (1 person) | G0299 | | | \$89.51 | Per visit | |
| RN Extended Services | 44 | 87 | 4W | Nursing RN (up to 2 persons) | S9123 | TT | | \$21.10 | Per hour | |
| | 11 | 4A | | | | | | Ψ21.10 | 1 Ci lioui | |
| RN Extended Services | 44 11 | 87 4A | 4W | Nursing RN (1 person) | S9123 | | | \$44.20 | Per hour | |
| DN Intonmittant | 44 | 87 | | ` • ′ | | | | | | |
| RN Intermittent Services | 11 | 4A | 4W | Nursing RN (up to 4 persons) | G0299 | TT | | \$44.62 | Per visit | |
| | | | <u> </u> | | | | I | | | |

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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 |
|--------------------------|---------------|---------------|---------------------------|--|-------------------|------------|------------|-----------|-----------------------------|-----------------------------|
| | | I | Profess | sional Services (R | legister | 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 | (Speec | h The | erapy | /) | | |
| | 39 | 71 | | Speech Therapy | | | | | | |
| Professional Services | 11 | 4A | 4W | Evaluation of Speech Fluency (e.g. stuttering, | 92521 | | | \$21.00 | 15 min | |
| | 84 | 84 | | cluttering) | | | | | | |
| | 39 | 71 | | Speech Therapy Evaluation of Speech | | | | | | |
| Professional Services | 11 | 4A | 4W | 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 | 4A | 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 | 1 | Speech Therapy Behavioral and | | | | | | |
| Services | 11 | 4A | 4W | Qualitative Analysis of | 92524 | | | \$21.00 | 15 min | |
| | 84 | 84 | | Voice and Resonance | | | | | | |
| Professional | 39 | 71 | | Speech Therapy | 00-00- | | | | | |
| Services | 11 | 4A | 4W | (Speech Language Hearing Therapy) | 92507 | | | \$21.00 | 15 min | |
| | 39 | 84 71 | | | | - | | | | |
| Professional | 11 | 4A | 4W | Speech Therapy (Laryngeal function | 92520 | | | | | |
| Services | 84 | 84 | - 777 | studies) | 72320 | | | \$21.00 | 15 min | |
| | 04 | 04 | | | | | |] | | |

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| HIPAA CODE NAME Services Service Services Service Ser |
|--|
| Professional Services 39 71 4A 4W Speech Therapy (Oral function therapy) 92526 \$21.00 15 min |
| Professional Services |
| Services 11 |
| Professional Services |
| Professional Services |
| 11 |
| Speech device RX Speech device RX Speech device RX |
| 11 |
| 11 |
| Professional Services |
| Professional Services |
| 11 |
| Professional Services |
| Professional Services |
| 11 |
| Professional Services |
| Professional Services 11 4A 4W Speech Therapy (Therapeutic activities) 97530 GN \$2.00 15 min |
| Services 11 4A 4W (Therapeutic activities) 97530 GN \$2.00 15 min |
| 84 84 |
| 39 71 |
| Nooch Thorony |
| Professional 11 4A 4W Speech Therapy (Cognitive skills 97129 GN S1100 15 min |
| Services 11 4.1 4.1 4.1 (Cognitive Skins development) |
| Professional Services (Occupational Therapy) |
| 37 74 0 |
| Professional 11 4A 4W (OT Evaluation low |
| Services 11 4.1 4.1 4.1 6.1 Evaluation for 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 |
| Professional Services 37 74 4W Occupational Therapy (OT Evaluation high 97167 \$88.80 60 min |
| 84 84 complex 60 min) 300.00 00 min |
| Professional 37 74 Occupational Therapy |
| Sorvices 11 4A 4W (OT re-evaluation est 97168 23 00 15 min |
| 84 84 plan of care) 97108 325.00 15 min |
| Durfacional Therapy Occupational Therapy |
| Formings 11 4A 4W (Application of hot or 97010 GO 523.00 15 min |
| 84 84 cold packs) 323.00 13 min |
| |
| Professional 37 74 Occupational Therapy 11 4A 4W (Application of Traction, 97012 GO GO 633.00 15 min |

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|--------------------------|---------------|---------------|---------------------------|--|-------------------|------------|------------|---------|-----------------------------|-----------------------------|
| | | | ional S | Services (Occupa | tional [| Thera | apy) (| continu | ed | |
| Professional | 37 11 | 74 4A | 4W | Occupational Therapy (Application of electrical | 97014 | CO | | | | |
| Services | 84 | 84 | 4 ** | stimulation/ unattended) | 9/014 | GO | | \$23.00 | 15 min | |
| _ | 37 | 74 | | Occupational Therapy | | | | | | |
| Professional | 11 | 4A | 4W | (Application of paraffin | 97018 | GO | | #22.00 | 15 . | |
| Services | 84 | 84 | | bath) | | | | \$23.00 | 15 min | |
| | 37 | 74 | | Occupational Therapy | | | | | | |
| Professional | 11 | 4A | 4W | (Application of | 97022 | GO | | #22.00 | 15 . | |
| Services | 84 | 84 | | whirlpool) | | | | \$23.00 | 15 min | |
| | 37 | 74 | | Occupational Therapy | | | | | | |
| Professional | 11 | 4A | 4W | (Application of electrical | 97032 | GO | | #22.00 | 15 . | |
| Services | 84 | 84 | | stimulation/ manual) | | | | \$23.00 | 15 min | |
| | 37 | 74 | | Occupational Therapy | | | | | | |
| Professional | 11 | 4A | 4W | (Application of | 97033 | GO | | #22.00 | 15 . | |
| Services | 84 | 84 | | iontophoresis) | | | | \$23.00 | 15 min | |
| _ | 37 | 74 | | Occupational Therapy | | | | | | |
| Professional | 11 | 4A | 4W | (Application of | 97035 | GO | | \$23.00 | 15 min | |
| Services | 84 | 84 | | ultrasound) | | | | | | |
| | 37 | 74 | | Occupational Therapy | | | | | | |
| Professional Services | 11 | 4A | 4W | (OT Therapeutic | 97110 | GO | | \$23.00 | 15 min | |
| Services | 84 | 84 | | Procedure) | | | | \$23.00 | 15 11111 | |
| | 37 | 74 | | | | | | | | |
| Professional Services | 11 | 4A | 4W | Occupational Therapy (Massage therapy) | 97124 | GO | | \$23.00 | 15 min | |
| Services | 84 | 84 | | (iviassage therapy) | | | | \$23.00 | 15 11111 | |
| | 37 | 74 | | | | | | | | |
| Professional Services | 11 | 4A | 4W | Occupational Therapy (Manual therapy) | 97140 | GO | | \$23.00 | 15 min | |
| Services | 84 | 84 | | (Manual merapy) | | | | \$23.00 | 15 11111 | |
| | 37 | 74 | | | | | | | | |
| Professional Services | 11 | 4A | 4W | Occupational Therapy (Therapeutic activities) | 97530 | GO | | \$23.00 | 15 min | |
| Sei vices | 84 | 84 | | (Therapeutic activities) | | | | ΦΔ3.00 | 13 11111 | |
| | 37 | 74 | | Occupational Therapy | | | | | | |
| Professional Services | 11 | 4A | 4W | (Cognitive skills | 97129 | GO | | \$23.00 | 15 min | |
| Sci vices | 84 | 84 | | development) | 71127 | | | φ23.00 | 15 11111 | |
| | 37 | 74 | | Occupational Therapy | | | | | | |
| Professional Services | 11 | 4A | 4W | (Wheelchair | 97542 | GO | | \$23.00 | 15 min | |
| Sci vices | 84 | 84 | | management) | | | | \$23.00 | 13 11111 | |

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|--------------------------|---------------|---------------|---------------------------|---|-------------------|------------|------------|------------|-----------------------------|-----------------------------|
| | | | 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 | |
| Services | 84 | 84 | | complex 20 min) | <i>></i> /101 | | | Φ22.00 | 20 11111 | |
| Professional | 35 | 65 | | Physical Therapy | | | | | | |
| 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 | | Physical Therapy | | | | | | |
| Services | 11 | 4A | 4W | (PT re-evaluation est plan of care) | 97164 | | | \$23.00 | 15 min | |
| | 84 | 84 | | or cure) | | | | | | |
| Professional | 35 | 65 | | Physical Therapy | .= | ~~ | | | | |
| Services | 11 | 4A | 4W | (Application of hot or cold packs) | 97010 | GP | | \$23.00 | 15 min | |
| | 84 | 84 | | - Cora packs) | | | | | | |
| Professional | 35 | 65 | | Physical Therapy | | | | | | |
| Services | 11 | 4A | 4W | (Application of traction, mechanical) | 97012 | GP | | \$23.00 | 15 min | |
| | 84 | 84 | | mechanicar) | | | | | | |
| Professional | 35 | 65 | | Physical Therapy | | | | | | |
| Services | 11 | 4A | 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 | | - Jaun) | | | | | | |
| Professional | 35 | 65 | | Physical Therapy | | | | | | |
| Services | 11 | 4A | 4W | (Application of whirlpool) | 97022 | GP | | \$23.00 | 15 min | |
| | 84 | 84 | | wiiiipooij | | | | | | |
| Professional | 35 | 65 | | Physical Therapy | | | | | | |
| Services | 11 | 4A | 4W | (Application of electrical stimulation/ manual) | 97032 | GP | | \$23.00 | 15 min | |
| | 84 | 84 | | Stimulation/ manual) | | | | | | |
| Professional | 35 | 65 | | Physical Therapy | | ~- | | | | |
| Services | 11 | 4A | 4W | (Application of iontophoresis) | 97033 | GP | | \$23.00 | 15 min | |
| | 84 | 84 | | топторногозіз) | | | | | | |
| Professional | 35 | 65 | | Physical Therapy | | ~- | | | | |
| Services | 11 | 4A | 4W | (Application of ultrasound) | 97035 | GP | | \$23.00 | 15 min | |
| | 84 | 84 | | amasouna) | | | | | | |
| | 35 | 65 | | | | | | | | |
| Professional Services | 84 | 4A 84 | 4W | Physical Therapy (Therapeutic Procedure) | 97110 | GP | | \$23.00 | 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 |
|--------------------------|---------------|---------------|---------------------------|---|-------------------|------------|------------|----------------|-----------------------------|-----------------------------|
| | | Prof | ession | al Services (Physi | cal Th | erapy | y) cor | itinued | | |
| | 35 | 65 | | Physical Therapy | | | | | | |
| Professional Services | 11 | 4A | 4W | (neuromuscular | 97112 | | | \$23.00 | 15 min | |
| Services | 84 | 84 | 1 | re-education) | | | | \$23.00 | 15 11111 | |
| | 35 | 65 | | D 1771 | | | | | | |
| Professional Services | 11 | 4A | 4W | Physical Therapy (Gait training) | 97116 | | | \$23.00 | 15 min | |
| Services | 84 | 84 | | (Guit uuming) | | | | \$20.00 | 10 11111 | |
| D f | 35 | 65 | | Dhysical Thomasy | | | | | | |
| Professional Services | 11 | 4A | 4W | Physical Therapy (Massage therapy) | 97124 | GP | | \$23.00 | 15 min | |
| | 84 | 84 | | | | | | | | |
| Professional | 35 | 65 | 1 | Physical Therapy | | | | | | |
| Services | 11 | 4A | 4W | (Manual therapy) | 97140 | GP | | \$23.00 | 15 min | |
| | 84 | 84 | | | | | | | | |
| Professional | 35 | 65 | 4337 | Physical Therapy | 07520 | CD | | | | |
| Services | 84 | 4A 84 | 4W | (Therapeutic activities) | 97530 | GP | | \$23.00 | 15 min | |
| | 35 | 65 | | | | | | | | |
| Professional | 11 | 4A | 4W | Physical Therapy (Wheelchair | 97542 | GP | | | | |
| Services | 84 | 84 | 1 | Management) | 71342 | GI. | | \$23.00 | 15 min | |
| | | | Pro | ofessional Service | es (Soci | al W | ork) | L | | |
| | 73 | 73 | | | | | | | | |
| Professional | 11 | 4A | 4W | Social Worker | 90847 | AJ | | | | |
| Services | 84 | 84 | 1 | (Family psychotherapy) | 70047 | 710 | | \$18.00 | 15 min | |
| | 73 | 73 | | | | | | | | |
| | 11 | 4A | 1 | | | | | | | |
| Professional | 84 | 84 | 4W | Social Worker | 90853 | AJ | | 610.00 | 15 | |
| Services | | | 1 | (Group psychotherapy) | | | | \$18.00 | 15 min | |
| | | | 1 | | | | | | | |
| | 73 | 73 | | Social Worker | | | | | | |
| Professional Services | 11 | 4A | 4W | (Self-care Management | 97535 | AJ | | \$18.00 | 15 min | |
| 22.7100 | 84 | 84 | | Training) | | | | \$25.00 | 10 11111 | |
| Professional | 73 | 73 | 1 | Social Worker | | | | | | |
| Professional Services | 11 | 4A | 4W | (Community/ Work | 97537 | AJ | | \$18.00 | 15 min | |
| | 84 | 84 | | Reintegration) | 1 | | | | | |
| | 73 | 73 | 1 | ~ | | | | | | |
| Professional | 11 | 4A | | Social Worker (Home visit assistance | | | | | | |
| Services | 84 | 84 | 4W | w/ADL's and personal care) | 99509 | AJ | | \$18.00 | 15 min | |
| | | | | | | | | | | |

ISSUED: 03/29/23 REPLACED: 03/27/23

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

| HIPAA CODE NAME | PROVIDERTYPE | 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 | | | | | | | | | | | | |
| Professional | 73 | 73 | | Social Worker | | | | | | | | |
| Services | 11 | 4A | 4W | (Home Visit, Sing/M/Fam Counseling) | 99510 | AJ | | \$18.00 | 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 | | \$18.00 | 15 min | | | |
| | 84 | 84 | | Service of Frocedure) | | | | | | | | |
| Professional | 73 | 73 | | Social Worker (HHCP-SVS of CSW) | ~~ | | | | | | | |
| Services | 11 | 4A | 4W | | G0155 | | | \$18.00 | 15 min | | | |
| | 84 | 84 | | | | | | | | | | |
| Professional | 73 | 73 4A | 4W | Social Worker (Assertive Community treatment face to face) | H0039 | AJ | | | | | | |
| Services | 11 84 | 4A 84 | | | | | | \$18.00 | 15 min | | | |
| | 73 | 73 | | , | | | | | | | | |
| Professional | 11 | 4A | 4W | Social Worker (Mental Health Services, NOS) | H0046 | AJ | | | | | | |
| Services | 84 | 84 | | | | | | \$18.00 | 15 min | | | |
| | 73 | 73 | 4W | Social Worker (Crisis Intervention) | H2011 | AJ | | | | | | |
| Professional | 11 | 4A | | | | | | \$18.00 | 15 min | | | |
| Services | 84 | 84 | | | | | | | | | | |
| | 73 | 73 | 4W | Social Worker (Skilled Training and Development) | H2014 | | | | | | | |
| Professional | 11 | 4A | | | | | | 610.00 | 15 . | | | |
| Services | 84 | 84 | | | | | | \$18.00 | 15 min | | | |
| | 73 | 73 | | Social Worker | H2017 | AJ | | | | | | |
| Professional Services | 11 | 4A | 4W | (Psychosocial Rehab | | | | \$18.00 | 15 min | | | |
| Services | 84 | 84 | | Services) | | | | \$10.00 | | | | |
| | 73 | 73 | | Social Worker | | | | | | | | |
| Professional Services | 11 | 4A | 4W | (Therapeutic Behavior | H2019 | AJ | | \$18.00 | 15 min | | | |
| 201 /1003 | 84 | 84 | | Service) | | | | | 15 11111 | | | |
| D 6 : 1 | 73 | 73 | | Social Worker | | | | | | | | |
| Professional Services | 11 | 4A | 4W | (Community-based Wrap | H2021 | AJ | | \$18.00 | 15 min | | | |
| | 84 | 84 | | Around) | | | | | | | | |
| Professional Services (Psychology) | | | | | | | | | | | | |
| Professional | 31 | 62, 95,96 | | Psychologist (Interactive | 90791 | | | | | | | |
| Services | 11 | 4A | | Psychological Diagnostic Interview) | | | | \$31.25 | 15 min | | | |
| | 84 | 84 | | | | | | | | | | |

ISSUED: 03/29/23 REPLACED: 03/27/23

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 | | | | | | | | | | |
| | 31 | 62, 95,96 | | Psychologist | | | | | | |
| Professional Services | 11 | 4A | 4W | (Individual | 90832 | | | \$31.25 | 15 min | |
| Services | 84 | 84 | | Psychotherapy) | 70002 | | | \$61120 | 10 | |
| Professional | 31 | 62, 95,96 | | Psychologist (Family therapy without patient present) | 90846 | | | | | |
| Services | 11 | 4A | 4W | | 90846 | | | \$31.25 | 15 min | |
| | 84 | 84 | | | | | | | | |
| Professional | 31 | 62, 95,96 | 4W | Psychologist (Special Family Therapy w/ patient) | 90847 | AH | | | | |
| Services | 11 | 4A | | | | | | \$31.25 | 15 min | |
| | 84 | 84 | | | | | | | | |
| Professional | 31 | 62, 95,96 | 4W | Psychologist (Group Psychotherapy) | 90853 | AH | | | | |
| Services | 11 | 4A | | | | | | \$31.25 | 15 min | |
| | 84 | 84 | | | | | | | | |
| Professional | 31 | 62, 95,96 | 4W | Psychologist (Pharmacologic Management) | 90863 | | | | | |
| Services | 11 | 4A | | | | | | \$31.25 | 15 min | |
| | 84 | 84 | | | | | | | | |
| Professional | 31 | 62, 95,96 | ANN | Psychologist | 96130 | | | | | |
| Services | 11 | 4A | 4W | (Psychological Testing by Psychologist | | | | \$31.25 | 15 min | |
| | 84 | 84 | | 1 Sychologist | | | | | | |
| Professional | 31 | 62, 95,96 | 4W | Psychologist (Psychological Testing by Tech) | | | | | | |
| Services | 11 | 4A | | | 96138 | | | \$31.25 | 15 min | |
| | 84 | 84 | | , , , , , , , , , , , , , , , , , , , | | | | | | |
| Professional | 31 | 62, 95,96 | 4837 | Psychologist | 96132 | | | | | |
| Services | 11 | 4A | 4W | (Neuropsychological testing) | | | | \$31.25 | 15 min | |
| | 84 | 84 | | testing) | | | | | | |

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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 | |
|--------------------------|----------------|--------------------------|---------------------------|--|-------------------|------------|------------|---------|-----------------------------|-----------------------------|--|
| | | | rofess | onal Services (Psychology) continued | | | | | | | |
| Professional Services | 31 | 62, 95,96 4A | 4W | Psychologist (Self-care Management Training) | 97535 | AH | | \$31.25 | 15 min | | |
| Professional | 31 11 | 84 62, 95,96 4A | 4W | Psychologist (Community/ Work | 07527 | AH | | e21.25 | 15 | | |
| Services | 84 | 84 62, 95,96 | | Reintegration) Psychologist | 97537 | | | \$31.25 | 15 min | | |
| Professional Services | 11 84 | 4A 84 | 4W | (Home visit for Assistance with ADL's and Personal Care) | 99509 | AH | | \$31.25 | 15 min | | |
| Professional Services | 31 | 62, 95,96 4A | 4W | Psychologist (Home Visit, Sing/M/Fam Counseling) | 99510 | АН | | \$31.25 | 15 min | | |
| Professional | 31 11 | 84 62, 95,96 4A | 4W | Psychologist (Unlisted Home Visit | 99600 | AH | | 024.05 | | | |
| Services | 84 | 84 62, 95,96 | | Service or Procedure) Psychologist | | | | \$31.25 | 15 min | | |
| Professional Services | 11 84 | 4A 84 | 4W | (Assertive Community Treatment Face to Face) | Н0039 | AH | | \$31.25 | 15 min | | |
| Professional Services | 31 | 62, 95,96 4A | 4W | V (Mental Health Services, NOS) | H0046 | AH | | \$31.25 | 15 min | | |
| Professional | 31 | 62, 95,96 | 4W | Psychologist | H2011 | AH | | | | | |
| Services | 84 31 | 4A 84 62, | -111 | (Crisis Intervention) | 112011 | **** | | \$31.25 | 15 min | | |
| Professional Services | 11 84 | 95,96 4A 84 | 4W | Psychologist (Psychosocial Rehab Services) | H2017 | АН | | \$31.25 | 15 min | | |
| Professional Services | 31 11 84 | 62, 95,96 4A 84 | 4W | Psychologist (Therapeutic Behavior Service) | H2019 | АН | | \$31.25 | 15 min | | |
| Professional Services | 31 11 84 | 62, 95,96 4A 84 | 4W | Psychologist (Community-based Wrap Around) | H2021 | AH | | \$31.25 | 15 min | | |

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 | |
|--|--------------------------------------|---------------|---------------------------|---|-------------------|------------|------------|--|-----------------------------|-----------------------------|--|
| Permanent Supportive Housing Supports | | | | | | | | | | | |
| Permanent | | | | | 60015 | | | \$15.11 | 15 Min. | 72 units annually | |
| Supportive Housing | AW | | | Housing Stabilization | G9012 | | | \$60.44 | 1 Hour | | |
| Permanent | | | | Housing Stabilization | | *** | | \$15.11 | 15 Min. | 93 units annually | |
| Supportive Housing | AW | | | Transition | G9012 | 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 | |
| | | | Mo | onitored In-Hon | ne Car | e Gi | ving | | | | |
| 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 | | |