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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 | | | \$135.99 | 1 flat monthly | 12 annually |
| | | | | Transition F | undin | g | | | | |
| Community Transition Waiver | 2 | 4A | | One time transition service | T2038 | | | \$3000 | | Life time maximum limit |
| | | (| Comr | nunity Living Sup | ports (| Resi | denti | al) | | |
| Attendant Care Services | 82 | 82 | 4W | Community Living Supports – 1 Person | S5125 | | | \$4.00 | 15 min | |
| Attendant Care Services | 82 | 82 | 4W | Community Living Supports – 2 Persons | S5125 | UN | | \$3.00 | 15 min | |
| Attendant Care Services | 82 | 82 | 4W | Community Living Supports – 3 persons | S5125 | UP | | \$2.50 | 15 min | |
| | | Host 1 | Home | Services-Children | ı 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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| HIPAA CODE NAME | PROVIDER TYPE | PROVIDER SPEC | PROVIDER SUB- SPECIALTY | SERVICE DESCRIPTION | PROCEDURE CODE | MODIFIER 1 | MODIFIER 2 | RATE | STANDARD UNIT OF SERVICE | ANNUAL SERVICE LIMITS |
|------------------------------|---------------|---------------|----------------------------|-------------------------|-------------------|------------|------------|----------|-----------------------------|-----------------------------|
| |] | Host I | Iome | Services-Adults 1 | 18 and | over | (Resi | idential |) | |
| 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 | |
| | | | Com | npanion Care Serv | vices (F | Resid | ential | l) | | |
| Companion Care, Adult | 82 | 82 | 4W | Companion Care | S5136 | | | \$92.02 | Per diem | |
| | | | | Living Services-N | | _ | _ | | | |
| | 1 | Prov | ider I | 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 | НQ | \$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 pec | ple) | | | |
| |] | Partic | ipant | Leased or Owned | d Resid | ence | (Res | 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 | НQ | \$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 | eipant | | ared Living-New of the control of th | ` - | - | - 1 | al) con | 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 (| Owne | d Re | sidence | (Residen | 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 R | esidenc | e (Reside | ential) |
| Residential Care, (NOS), Waiver | 11 | 4A | 4Н | 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 | Respon | ise S | ystem | ì | | |
| 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 | lential | Servi | ces) | | | |
| Transportation Local Trip | 42 | 4X 4A | 4W | Transportation Regular - (Comm Access) | Z5177 | | | \$5.58 | One-way | 730 |
| Transportation -Local Trip (W/C) | 42 | 4X 4A | 4W | Transportation Wheel chair – (Comm Access) | Z5186 | | | \$9.32 | One-way | 730 |
| (W/C) | | | A | daptation/Accessil | oility S | ervice | es | | | |
| | | | | | | | | | Т | |
| Assistive Technology/ Specialized Medical Equipment | 17 | 91 | | Assistive Technology Specialized Medical Equip. and Supplies | Т2029 | | | | Per Item/ Service | |
| Specialized Medical Equipment, Not otherwise specified (NOS) | 17 | 91 | | Repairs Specialized Medical Equipment and Assistive Technology | T2029 | RB | | | Per Item/ Repair | |
| Environmental Modifications | 15 | 80 | | Environmental Accessibility Adaptations | Z0620 | | | | Per Service | |
| | | | l | Vocational So | ervices | | | | | |
| Supported Employment | 98 | 98 | | Supported Employment, Individual Job and Assistance with Micro Enterprise | H2023 | ТТ | | \$13.00 | 15 min | |
| Supported Employment | 98 | 98 | | Supported Employment Virtual Individual Job Follow Along 1:1 | H2023 | тт | GT | \$13.00 | 15 Min | Up to 8 Units per day |
| Supported Employment | 98 | 98 | | Supported Employment, Mobile Crew or Enclave | H2026 | | | \$2.60 | 15 Min | |
| Non-Emergency Transportation | 98 | 98 | | Regular Transportation for Supported Employment Services | T2003 | SE | | \$6.00 | One way | |
| Non-Emergency Transportation | 98 | 98 | | Wheel chair Transportation for Supported Employment Services | A0130 | SE | | \$10.00 | One way | |
| Habilitation, Prevocational | 13 | 36 | | Pre-Vocational | T2025 | | | \$2.25 | 15 Min | |
| Non-Emergency Transportation | 13 | 36 | | Regular Transportation for Prevocational Services | T2003 | | | \$6.00 | One way | 10 units per week |

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| Habilitation, Prevocational | 13 | 36 | Virtual Pre-Vocational Typical Job Preparedness Activities 1:8 | T2025 | GT | \$2.35 | 15 Min | Up to 20 Units per day |
|--------------------------------|----|----|---|-------|----|--------|--------|------------------------------|
| Habilitation, Prevocational | 13 | 36 | Prevocational Services Small Group Community 1:3/4 | T2025 | UQ | \$3.25 | 15 Min | Up to 20 Units 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 | ANNUAL SERVICE LIMITS |
| | | • | V | ocational Service | es (con | tinue | d) | | | |
| Non-Emergency Transportation | 13 | 36 | | Wheel chair Transportation for Prevocational Services | A0130 | | | \$10.00 | One way | 10 units per week |
| Day Habilitation | 14 | 50 | | Day Habilitation | T2021 | | | \$1.85 | 15 Min | |
| Day Habilitation | 14 | 50 | | Virtual Day Habilitation Typical Community Life Engagement Activities 1:8 | T2021 | GT | | \$2.35 | 15 Min | Up to 20 Units per day |
| Day Habilitation | 14 | 50 | | Day Habilitation Small Group Community 1:3/4 | T2021 | UQ | | \$3.25 | 15 Min | Up to 20 Units per day |
| Non-Emergency Transportation | 14 | 50 | | Regular Transportation for Day Habilitation | T2003 | U6 | | \$6.00 | One way | 10 units per week |
| Non-Emergency Transportation | 14 | 50 | | Wheel chair Transportation for Day Habilitation | A0130 | U6 | | \$10.00 | One way | 10 units per week |
| | | | | Nursing Se | rvices | | | | | |
| In Home | 44 | 87 | | LPN-Intermittent | | | | | | |
| Nursing Care by LPN | 11 | 4A | 4W | Services (1 person) | G0300 | | | \$54.92 | Per visit | |
| Services of | 44 | 87 | | LPN-Intermittent | | | | | | |
| Skilled Nurse In Home Health | 11 | 4A | 4W | Services (up to 4 persons) | G0300 | TT | | \$27.46 | Per visit | |
| Setting In Home | 44 | 87 | | LPN-Extended Services | | | | | | |
| Nursing Care by LPN | 11 | 4A | 4W | (1 person) | S9124 | | | \$32.00 | Per hour | |
| In Home | 44 | 87 | | LPN-Extended Services | | | | | | |
| Nursing Care by LPN | 11 | 4A | 4W | (up to 2 persons) | S9124 | TT | | \$16.00 | Per Hour | |
| RN Intermittent | 44 | 87 | | Nursing RN | | | | | | |
| Services | 11 | 4A | 4W | (1 person) | G0299 | | | \$68.85 | Per visit | |
| RN Extended | 44 | 87 | 4337 | Nursing RN | S9123 | TT | | | | |
| Services | 11 | 4A | 4W | (up to 2 persons) | 57125 | TT | | \$17.00 | Per hour | |
| RN Extended | 44 | 87 | 4W | Nursing RN | S9123 | | | | | |
| Services | 11 | 4A | 777 | (1 person) | 57125 | | | \$34.00 | Per hour | |
| RN Intermittent | 44 | 87 | 4W | Nursing RN | C0200 | TT | | ¢24 22 | Don wisit | |
| Services | 11 | 4A | | (up to 4 persons) | G0299 | | | \$34.32 | Per visit | |

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|--------------------------|---------------|---------------|----------------------------|---|-------------------|------------|------------|---------|-----------------------------|-----------------------------|
| | | P | rofess | ional Services (R | egister | ed D | ietici | ian) | | |
| 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 | |
| | | | Profe | essional Services | (Speec | h The | erapy | y) | | |
| | 39 | 71 | | Speech Therapy | | | | | | |
| Professional Services | 11 | 4A | 4W | Evaluation of Speech Fluency | 92521 | | | \$21.00 | 15 min | |
| | 84 | 84 | | (e.g. stuttering, 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) | | | | | | |
| Duofossional | 39 | 71 | | Speech Therapy | | | | | | |
| Professional Services | 11 | 4A | 4W | Behavioral and Qualitative Analysis of | 92524 | | | \$21.00 | 15 min | |
| | 84 | 84 | | Voice and Resonance | 1 | | | | | |
| Professional | 39 | 71 | 4 | Speech Therapy | 00-00- | | | | | |
| Services | 11 | 4A | 4W | (Speech Language Hearing Therapy) | 92507 | | | \$21.00 | 15 min | |
| | 84 | 84 | | 0 177 | | | | | | |
| Professional | 39 | 71 4A | 4W | Speech Therapy (Laryngeal function | 92520 | | | | | |
| Services | 84 | 84 | + ** | studies) | 94340 | | | \$21.00 | 15 min | |
| | 04 | 04 | | <u> </u> | | | | | | <u> </u> |

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|--------------------------|---------------|---------------|----------------------------|--|-------------------|------------|------------|----------|-----------------------------|-----------------------------|
| | | Prof | ession | al Services (Spee | ch The | erapy |) con | tinued | | |
| | 39 | 71 | | | | | | | | |
| Professional Services | 11 | 4A | 4W | Speech Therapy (Oral function therapy) | 92526 | | | \$21.00 | 15 min | |
| Services | 84 | 84 | | (Oral function merapy) | | | | \$21.00 | 13 11111 | |
| | 39 | 71 | | Speech Therapy | | | | | | |
| Professional Services | 11 | 4A | 4W | (Evaluation for non- | 92605 | | | \$21.00 | 15 min | |
| Services | 84 | 84 | | speech device RX) | | | | \$21.00 | 13 11111 | |
| | 39 | 71 | | Speech Therapy | | | | | | |
| Professional Services | 11 | 4A | 4W | (Non-speech device | 92606 | | | \$21.00 | 15 min | |
| Services | 84 | 84 | | service) | | | | \$21.00 | 13 11111 | |
| | 39 | 71 | | Speech Therapy | | | | | | |
| Professional Services | 11 | 4A | 4W | (Ex for speech device | 92607 | | | \$21.00 | 15 min | |
| Services | 84 | 84 | | RX) | | | | \$21.00 | 13 11111 | |
| | 39 | 71 | | Speech Therapy | | | | | | |
| Professional Services | 11 | 4A | 4W | (Evaluate swallowing | 92610 | | | \$21.00 | 15 min | |
| Services | 84 | 84 | | function) | | | | \$21.00 | 13 11111 | |
| | 39 | 71 | | | | | | | | |
| Professional Services | 11 | 4A | 4W | Speech Therapy (Therapeutic activities) | 97530 | GN | | \$2.00 | 15 min | |
| Services | 84 | 84 | | (Therapeutic activities) | | | | \$2.00 | 13 11111 | |
| | 39 | 71 | | Speech Therapy | | | | | | |
| Professional Services | 11 | 4A | 4W | (Cognitive skills | 97129 | GN | | \$21.00 | 15 min | |
| Services | 84 | 84 | | development) | | | | \$21.00 | 13 11111 | |
| | | Pr | ofessi | onal Services (Oc | cupati | onal | Ther | apy) | | |
| | 37 | 74 | | | 1 | | | | | |
| 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 | |
| D 6 : : | 84 | 84 | 4777 | complex 45min) | | | | | | |
| Professional Services | 37 11 | 74 4A | 4W | Occupational Therapy (OT Evaluation high | 97167 | | | \$88.80 | 60 min | |
| 22.1003 | 84 | 84 | 1 | complex 60 min) | 7,107 | | | 900.00 | OU IIIII | |
| | 37 | 74 | | Occupational Therapy | | İ | | | | |
| Professional | 11 | 4A | 4W | (OT re-evaluation est | 07169 | | | g22 00 | 15 | |
| Services | 84 | 84 | | plan of care) | 97168 | | | \$23.00 | 15 min | |
| | 37 | 74 | | Occupational Therapy | | | | | | |
| Professional | 11 | 4A | 4W | (Application of hot or | 97010 | GO | | g22 00 | 15 | |
| Services | 84 | 84 | | cold packs) | | | | \$23.00 | 15 min | |
| Professional | 37 | 74 | | Occupational Therapy | | | | | | |
| Services | 11 | 4A | 4W | (Application of Traction, | 97012 | GO | | \$23.00 | 15 min | |
| | 84 | 84 | | Mechanical) | <u> </u> | <u> </u> | <u> </u> | <u> </u> | | |

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|--------------------------|---------------|---------------|----------------------------|---|-------------------|------------|------------|---------|-----------------------------|-----------------------------|
| | Pr | rofessi | ional S | Services (Occupat | tional ' | Thera | apy) | continu | ed | |
| Professional | 37 | 74 | 477 | Occupational Therapy | 0=014 | | | | | |
| Services | 11 84 | 4A 84 | 4W | (Application of electrical stimulation/ unattended) | 97014 | GO | | \$23.00 | 15 min | |
| | 37 | 74 | | , | | | | | | |
| Professional | 11 | 4A | 4W | Occupational Therapy (Application of paraffin | 97018 | GO | | | | |
| Services | 84 | 84 | | bath) | 7,010 | | | \$23.00 | 15 min | |
| | 37 | 74 | | 0 4 17 | | | | | | |
| Professional | 11 | 4A | 4W | Occupational Therapy (Application of | 97022 | GO | | | 4. | |
| Services | 84 | 84 | | whirlpool) | | | | \$23.00 | 15 min | |
| | 37 | 74 | | Occupational Therapy | | | | | | |
| Professional | 11 | 4A | 4W | (Application of electrical | 97032 | GO | | 622.00 | 15 . | |
| Services | 84 | 84 | | stimulation/ manual) | | | | \$23.00 | 15 min | |
| | 37 | 74 | | Occupational Therapy | | | | | | |
| Professional Services | 11 | 4A | 4W | (Application of | 97033 | GO | | \$23.00 | 15 min | |
| Services | 84 | 84 | | iontophoresis) | | | | \$23.00 | 15 11111 | |
| | 37 | 74 | | Occupational Therapy | | | | | | |
| Professional Services | 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 | 13 11111 | |
| | 37 | 74 | | | | | | | | |
| Professional Services | 11 | 4A | 4W | Occupational Therapy (Massage therapy) | 97124 | GO | | \$23.00 | 15 min | |
| Services | 84 | 84 | | (Wassage merapy) | | | | \$25.00 | 13 11111 | |
| | 37 | 74 | | | | | | | | |
| Professional Services | 11 | 4A | 4W | Occupational Therapy (Manual therapy) | 97140 | GO | | \$23.00 | 15 min | |
| Services | 84 | 84 | | (Hanaur arerapy) | | | | \$20.00 | 10 | |
| D C : 1 | 37 | 74 | | 0 4 170 | | | | | | |
| Professional Services | 11 | 4A | 4W | Occupational Therapy (Therapeutic activities) | 97530 | GO | | \$23.00 | 15 min | |
| | 84 | 84 | | (| | | | | | |
| Df | 37 | 74 |] | Occupational Therapy | | | | | | |
| Professional Services | 11 | 4A | 4W | (Cognitive skills | 97129 | GO | | \$23.00 | 15 min | |
| | 84 | 84 | | development) | | | | | | |
| Duofog-i1 | 37 | 74 | | Occupational Therapy | | | | | | |
| Professional Services | 11 | 4A | 4W | (Wheelchair | 97542 | GO | | \$23.00 | 15 min | |
| | 84 | 84 | | management) | | | | | | |

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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) | 7/101 | | | \$27.00 | 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 care) | | | | | | |
| Professional | 35 | 65 | | Physical Therapy | | | | | | |
| Services | 11 | 4A | 4W | (Application of hot or cold packs) | 97010 | GP | | \$23.00 | 15 min | |
| | 84 | 84 | | cold 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 | | stillulation/ unattended) | | | | | | |
| Professional | 35 | 65 | | Physical Therapy | | | | | | |
| Services | 11 | 4A | 4W | (Application of paraffin bath) | 97018 | GP | | \$23.00 | 15 min | |
| | 84 | 84 | | oain) | | | | | | |
| Professional | 35 | 65 | | Physical Therapy | | | | | | |
| Services | 11 | 4A | 4W | (Application of whirlpool) | 97022 | GP | | \$23.00 | 15 min | |
| | 84 | 84 | | wiiiipooi) | | | | | | |
| Professional | 35 | 65 | | Physical Therapy | | | | | | |
| Services | 11 | 4A | 4W | (Application of electrical stimulation/ manual) | 97032 | GP | | \$23.00 | 15 min | |
| | 84 | 84 | | Stillulation/ illalidar) | | | | | | |
| Professional | 35 | 65 | | Physical Therapy | | | | | | |
| Services | 11 | 4A | 4W | (Application of iontophoresis) | 97033 | GP | | \$23.00 | 15 min | |
| | 84 | 84 | | iontophoresis) | | | | | | |
| Professional | 35 | 65 | | Physical Therapy | | | | | | |
| Services | 11 | 4A | 4W | (Application of ultrasound) | 97035 | GP | | \$23.00 | 15 min | |
| | 84 | 84 | | unrasouna) | | | | | | |
| | 35 | 65 | | | | | | | | |
| Professional | 11 | 4A | 4W | Physical Therapy | 97110 | GP | | | | |
| Services | 84 | 84 | 7 ** | (Therapeutic Procedure) | 9/110 | Gr | | \$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 |
|--------------------------|---------------|---------------|----------------------------|---|-------------------|------------|------------|---------|-----------------------------|-----------------------------|
| | | Profe | essiona | al Services (Physi | ical Th | erapy | y) coi | ntinued | | |
| Professional | 35 | 65 | | Physical Therapy | | | | | | |
| Services | 11 | 4A | 4W | (neuromuscular re-education) | 97112 | | | \$23.00 | 15 min | |
| | 84 | 84 | | re-education) | | | | | | |
| Professional | 35 | 65 | 4887 | Physical Therapy | 07116 | | | | | |
| Services | 11 84 | 4A 84 | 4W | (Gait training) | 97116 | | | \$23.00 | 15 min | |
| | 35 | 65 | | | | | | | | |
| Professional | 11 | 4A | 4W | Physical Therapy | 97124 | GP | | | | |
| Services | 84 | 84 | 1 | (Massage therapy) | | | | \$23.00 | 15 min | |
| | 35 | 65 | | | | | | | | |
| Professional Services | 11 | 4A | 4W | Physical Therapy (Manual therapy) | 97140 | GP | | \$23.00 | 15 min | |
| Services | 84 | 84 | 1 | (Manual inerapy) | | | | \$23.00 | 13 11111 | |
| | 35 | 65 | | D | | | | | | |
| Professional Services | 11 | 4A | 4W | Physical Therapy (Therapeutic activities) | 97530 | GP | | \$23.00 | 15 min | |
| | 84 | 84 | | (1 / | | | | | | |
| Professional | 35 | 65 | | Physical Therapy | | | | | | |
| Services | 11 | 4A | 4W | (Wheelchair Management) | 97542 | GP | | \$23.00 | 15 min | |
| | 84 | 84 | | Wanagement) | | | | | | |
| | | | Pro | ofessional Service | es (Soci | al W | ork) | | | |
| | 73 | 73 | | 2 | | | | | | |
| Professional Services | 11 | 4A | 4W | Social Worker (Family psychotherapy) | 90847 | AJ | | \$18.00 | 15 min | |
| | 84 | 84 | | ()1) 1)/ | | | | | | |
| | 73 | 73 | | | | | | | | |
| Professional | 11 | 4A | | Social Worker | | | | | | |
| Services | 84 | 84 | 4W | (Group psychotherapy) | 90853 | AJ | | \$18.00 | 15 min | |
| | | | | | | | | | | |
| | 73 | 73 | | | | | | | | |
| Professional | 11 | 4A | 4W | Social Worker (Self-care Management | 97535 | AJ | | | | |
| Services | 84 | 84 | 7 ** | Training) | 91333 | AU | | \$18.00 | 15 min | |
| | 73 | 73 | | 6 . 187 . | | | | | | |
| Professional | 11 | 4A | 4W | Social Worker (Community/ Work | 97537 | AJ | | 010.00 | | |
| Services | 84 | 84 | 1 | Reintegration) | | | | \$18.00 | 15 min | |
| | 73 | 73 | | | | | | | | |
| | 11 | 4A | 1 | Social Worker | | | | | | |
| Professional Services | 84 | 84 | 4W | (Home visit assistance w/ADL's and personal care) | 99509 | AJ | | \$18.00 | 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 | |
|---|---------------|---------------|----------------------------|--|-------------------|------------|------------|---------|-----------------------------|-----------------------------|--|
| Professional Services (Social Work) continued | | | | | | | | | | | |
| Professional | 73 | 73 | | Social Worker | | | | | | | |
| Services | 11 | 4A | 4W | (Home Visit, | 99510 | AJ | | \$18.00 | 15 min | | |
| | 84 | 84 | | Sing/M/Fam Counseling) | | | | | | | |
| Professional | 73 | 73 | | Social Worker | | | | | | | |
| Services | 11 | 4A | 4W | (Unlisted Home Visit | 99600 | AJ | | \$18.00 | 15 min | | |
| | 84 | 84 | | Service or Procedure) | | | | | | | |
| Professional | 73 | 73 | | Social Worker | | | | | | | |
| Services | 11 | 4A | 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 | | | | | | |
| Services | 11 | 4A | | | | AJ | | \$18.00 | 15 min | | |
| | 84 | 84 | | | | | | | | | |
| Professional | 73 | 73 | 4W | Social Worker (Mental Health Services, NOS) | H0046 | | | | | | |
| Services | 11 | 4A | | | | AJ | | \$18.00 | 15 min | | |
| | 84 | 84 | | 1103) | | | | | | | |
| Professional | 73 | 73 | 4W | Social Worker (Crisis Intervention) | H2011 | AJ | | | | | |
| Services | 11 | 4A | | | | | \$18.00 | \$18.00 | 15 min | | |
| | 84 | 84 | | | | | | | | | |
| Professional | 73 | 73 | 4W | Social Worker (Skilled Training and Development) | H2014 | | | | | | |
| Services | 11 | 4A | | | | | | \$18.00 | 15 min | | |
| | 84 | 84 | | | | | | | | | |
| Professional | 73 | 73 | | Social Worker | H2017 | | | | | | |
| Services | 11 | 4A | 4W | (Psychosocial Rehab Services) | | AJ | | \$18.00 | 15 min | | |
| | 84 | 84 | | 251.1665) | | | + + | | | | |
| Professional | 73 | 73 | 4887 | Social Worker | H2019 | A T | | | | | |
| Services | 11 | 4A | 4W | (Therapeutic Behavior Service) | | AJ | | \$18.00 | 15 min | | |
| | 84 | 84 | | , | | | | | | | |
| Professional Services | 73 | 73 | 4W | Social Worker (Community-based Wrap Around) | ****** | AJ | | | 15 min | | |
| | 11 84 | 4A 84 | | | H2021 | | | \$18.00 | | | |
| Professional Services (Psychology) | | | | | | | | | | | |
| | 31 | 62, | 11 | Psychologist | | | (SJ) | | | | |
| Professional | | 95,96 | | (Interactive | | | | | | | |
| Services | 11 | 4A | | Psychological Diagnostic Interview) | 90791 | | | \$31.25 | 15 min | | |
| | 84 | 84 | | interview) | | | | | | | |

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| HIPAA CODE NAME | PROVIDER TYPE | PROVIDER SPEC | PROVIDER SUB- SPECIALTY | SERVICE DESCRIPTION | PROCEDURE CODE | MODIFIER 1 | MODIFIER 2 | RATE | STANDARD UNIT OF SERVICE | ANNUAL SERVICE LIMITS |
|--|---------------|---------------|----------------------------|---|-------------------|------------|------------|---------|-----------------------------|-----------------------------|
| Professional Services (Psychology) continued | | | | | | | | | | |
| | 31 | 62, 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 | | | | | \$31.25 | 15 min | |
| | 84 | 84 | | | | | | | | |
| Professional - | 31 | 62, 95,96 | | Psychologist (Special Family Therapy w/ patient) | 90847 | AH | | | | |
| Services | 11 | 4A | 4W | | | | | \$31.25 | 15 min | |
| | 84 | 84 | | | | | | | | |
| Professional - | 31 | 62, 95,96 | | Psychologist (Group Psychotherapy) | 90853 | AH | | | | |
| Services | 11 | 4A | 4W | | | | | \$31.25 | 15 min | |
| | 84 | 84 | | | | | | | | |
| Professional - | 31 | 62, 95,96 | | Psychologist (Pharmacologic Management) | 90863 | | | | | |
| Services | 11 | 4A | 4W | | | | | \$31.25 | 15 min | |
| | 84 | 84 | | - Training erricint) | | | | | | |
| Professional - | 31 | 62, 95,96 | 4887 | Psychologist | | | | | | |
| Services | 11 | 4A | 4W | (Psychological Testing by Psychologist | 96130 | | | \$31.25 | 15 min | |
| | 84 | 84 | | , , | | | | | | |
| Professional - | 31 | 62, 95,96 | 4W | Psychologist (Psychological Testing by Tech) | 96138 | | | | | |
| Services | 11 | 4A | | | | | | \$31.25 | 15 min | |
| | 31 | 84 62, | | | 96132 | | | | | |
| Professional - Services | 11 | 95,96 4A | 4W | Psychologist (Neuropsychological testing) | | | | \$31.25 | 15 min | |
| Services | 84 | 84 | | | | | | \$31.23 | 15 111111 | |

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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 |
|--------------------------|---------------|---------------|----------------------------|--|-------------------|------------|------------|---------|-----------------------------|-----------------------------|
| | | Pı | rofessi | ional Services (Ps | ycholo | gy) c | ontin | ued | | |
| | 31 | 62, 95,96 | | Psychologist | 97535 | | | | | |
| Professional Services | 11 | 4A | 4W | (Self-care Management | | AH | | \$31.25 | 15 min | |
| | 84 | 84 | | Training) | | | | 400.00 | | |
| | 31 | 62, | | Davahalagiat | | | | | | |
| Professional Services | 11 | 95,96 4A | 4W | Psychologist (Community/ Work | 97537 | AH | | \$31.25 | 15 min | |
| Services | 84 | 84 | | Reintegration) | 91331 | | | \$31.23 | 13 11111 | |
| | 31 | 62, | | Psychologist | | | | | | |
| Professional | | 95,96 4A | 4W | (Home visit for Assistance with ADL's and Personal Care) | 99509 | AH | | 024.25 | | |
| Services | 84 | 4A 84 | - | | ,,,,,, | | | \$31.25 | 15 min | |
| | | 62, | 4W | Psychologist (Home Visit, Sing/M/Fam Counseling) | 99510 | | | | | |
| Professional Services | 31 | 95,96 | | | | AH | | | | |
| | 11 | 4A | | | | 7111 | \$ | \$31.25 | 15 min | |
| | 84 | 62, | | | | | | | | |
| Professional | 31 | 95,96 | 4W | Psychologist (Unlisted Home Visit Service or Procedure) | 99600 | AH | | | | |
| Services | 11 | 4A | | | | | | \$31.25 | 15 min | |
| | 84 | 84 62, | | | | | | | | |
| Professional | 31 | 95,96 | 4W | Psychologist (Assertive Community Treatment Face to Face) | H0039 | | | | | |
| Services | 11 | 4A | | | | AH | | \$31.25 | 15 min | |
| | 84 | 84 | | | | | | | | |
| D 6 1 1 | 31 | 62, 95,96 | 4W | Psychologist (Mental Health Services, NOS) | H0046 | AH | | | | |
| Professional Services | 11 | 4A | | | | | | \$31.25 | 15 min | |
| | 84 | 84 | | | | | | | | |
| | 31 | 62, 95,96 | | | H2011 | AH | | | | |
| Professional Services | 11 | 4A | 4W | Psychologist (Crisis Intervention) | | | | \$31.25 | 15 min | |
| Services | 84 | 84 | | (Crisis Intervention) | | | | | | |
| | 31 | 62, | | Dovob -1: -4 | H2017 | | | | | |
| Professional Services | 11 | 95,96 4A | 4W | Psychologist (Psychosocial Rehab Services) | | AH | | 021.25 | 15 . | |
| | 84 | 84 | | | | | | \$31.25 | 15 min | |
| | 31 | 62, | 4W | Psychologist (Therapeutic Behavior Service) | | AH | | | | |
| Professional | | 95,96 | | | H2019 AH | | | | | |
| Services | 11 84 | 4A 84 | | | | | | \$31.25 | 15 min | |
| | | 62, | | | | | | | | |
| Professional | 31 | 95,96 | 4W | Psychologist | 112021 | AH | | | | |
| Services | 11 | 4A | | (Community-based Wrap Around) | H2021 | | | \$31.25 | 15 min | |
| | 84 | 84 | | | | | | | | |

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| HIPAA CODE NAME | PROVIDER TYPE | PROVIDER SPEC | PROVIDER SUB- SPECIALTY | SERVICE DESCRIPTION | PROCEDURE CODE | MODIFIER 1 | MODIFIER 2 | RATE | STANDARD UNIT OF SERVICE | ANNUAL SERVICE LIMITS |
|--|---------------|----------------------|----------------------------|--|-------------------|------------|------------|---|-----------------------------|-----------------------------|
| | | | | Dental Se | rvices | | | | | |
| Dental | 27 | 19, 66, 67, 68 | | Dental (Periodic Oral Examination, Patient of Record) | D0120 | | | \$32.06 | Per procedure | |
| Dental | 27 | 19, 66, 67, 68 | | Dental (Comprehensive Oral Examination, New Patient) | D0150 | | | \$55.37 | Per procedure | |
| Dental | 27 | 19, 66, 67, 68 | | Dental (Radiographs, Complete Series including Bitewings) | D0210 | | | \$70.15 | Per procedure | |
| Dental | 27 | 19, 66, 67, 68 | | Dental (Prophylaxis-Adult) | D1110 | | | \$54.64 | Per procedure | |
| | |] | Perma | anent Supportive | Housi | ng Su | ıppo | rts | | |
| Permanent Supportive | AW | | | Housing Stabilization | Z0648 | | | \$15.11 | 15 Min. | 72 units annually |
| Housing | 11 | | | and the state of t | 200.0 | | | \$60.44 | 1 Hour | |
| Permanent Supportive | AW | | | Housing Stabilization | Z0649 | | | \$15.11 | 15 Min. | 93 units annually |
| Housing | AW | | | Transition | 20049 | | | \$60.44 | 1 Hour | |
| | | | Adult | t Day Health Car | e (ADI | HC) S | Servi | ce | | |
| Medical Rehabilitation Day Program | 85 | 35 | 4W | Adult Day Health Care Center Based Service (ADHC) | S5100 | | | \$2.78 Rate include provider specific transportation 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 | | | \$59.60 | per diem | |
| Monitored In- Home Care Giving | MI | 35 | | Waiver Service - not otherwise specified Level 2 | T2033 | TG | | \$89.40 | per diem | |
| Monitored In- Home Care Giving | MI | 35 | | Assessment | T1028 | TU | | \$250.00 | one time | |