**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER** 

APPENDIX E: BILLING CODES PAGE(S) 15

#### **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
		(	Comn	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 I	Home	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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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	8 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	
			Con	npanion Care Serv	vices (F	Resido	entia	l)		
Companion Care, Adult	82	82	4W	Companion Care	S5136			\$ 92.02	Per diem	
				Living Services-N		_	_	_		
		Provi	ider I	Leased or Owned	Reside	nce (	Resid	lential)		T
Habilitation, Residential	11	<b>4A</b>	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 pec	ople)			
	I	Partic	ipant	Leased or Owned	l Resid	lence	(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	inant		ared Living-New ( ed or Owned Resi	-	_	-	al) con	tinued	
	artic	транс	Least	whea kesi	defice	(ICSI	uciiti	ai) com		
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	ntial)
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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				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	se S	ysten	1		
Personal Emergency Response System	16	90		Installation	S5160			\$30.00	Install- ation	
Personal Emergency Response System	16	90		Monthly Service Fee	S5161			\$27.00	Monthly	

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			Tra	nsportation (Resid	lential	Serv	vices)			
Transportation Local Trip	42	4X	4W	Transportation Regular - (Comm Access)	Z5177			\$5.58	One-way	730
Transportation	42	4A 4X		Transportation						
-Local Trip (W/C)		4A	4W	Wheel chair – (Comm Access)	Z5186			\$9.32	One-way	730
		I	A	daptation/Accessil	oility S	ervi	ces			
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	Z0620				Per Service	
				Vocational So	ervices	,		<u> </u>	l	
Supported Employment	98	98		Supported Employment, Individual Job and Assistance with Micro Enterprise	H2023	тт		\$ 2.60	15 min (Minimum number of service hours is 1 hour)	32 units per day
Supported Employment	98	98		Supported Employment, Mobile Crew or Enclave	H2024	52		\$ 26.00	2.5 hours	2 units per day
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	T2014	52		\$ 22.50	2.5 hours	10 units per week
Non-Emergency Transportation	13	36		Regular Transportation for Prevocational Services	T2003			\$ 6.00	One way	10 units per week

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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	T2020			\$ 18.50	2.5 hours	10 units per week
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 Skilled Nurse In	44	87		LPN-Intermittent				\$		
Home Health Setting	11	4A	4W	Services (up to 4 persons)	G0300	TT		27.46	Per visit	
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	4887	LPN-Extended Services	G0124	(D)(D)		\$	D 11	
Nursing Care by LPN	11	4A	4W	(up to 2 persons)	S9124	TT		16.00	Per Hour	
RN Intermittent	44	87	4W	Nursing RN				\$	Per visit	
Services	11	4A	4**	(1 person)	G0299			68.85	rei visit	
RN Extended	44	87	4W	Nursing RN	S9123	ТТ		\$	Per hour	
Services	11	4A	• • • •	(up to 2 persons)	57125	••		17.00	2 CI HOUI	
RN Extended	44	87	4W	Nursing RN	S9123			\$	Per hour	
Services	11	4A		(1 person)				34.00		
RN Intermittent Services	44	87	4W	Nursing RN (up to 4 persons)	G0299	ТТ		\$ 34.32	Per visit	
Sei vices	11	4A		(up to 4 persons)	GU233			34.34		

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		P	rofess	sional Services (R	egister	ed D	ietici	an)		
Professional Services	41,11, 84	4R	4W	Registered Dietician (Individual)	97802			\$ 9.00	15 min	
Professional Services	41,11, 84	4R	4W	Registered Dietician (Individual, Subsequent)	97803			\$ 9.00	15 min	
Professional Services	41,11, 84	4R	4W	Registered Dietician (Group)	97804			\$ 9.00	15 min	
			Profe	essional Services	(Speecl	h The	erapy	7)		
	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	84	4A 84	4W	sound production (e.g. articulation, phonological process,	92522			\$ 21.00	15 min	
	39	71		apraxia, dysarthria)  Speech Therapy  Evaluation of Speech Sound Production (e.g., articulation,						
Professional Services	11	4A	4W	phonological process, apraxia, dysarthria) with evaluation of language comprehension and	92523			\$ 21.00	15 min	
	84	84		expression (e.g., receptive and expressive language)						
Dnofocci1	39	71		Speech Therapy				ø		
Professional Services	11	4A	4W	Behavioral and Qualitative Analysis of	92524			\$ 21.00	15 min	
	84	84		Voice and Resonance						
Professional	39	71		Speech Therapy				\$		
Services	11	4A	4W	(Speech Language Hearing Therapy)	92507			21.00	15 min	
	84	84		Treating Therapy)						
Professional	39	71	4W	<b>Speech Therapy</b> (Laryngeal function	02520			\$	15	
Services	11	4A	400	(Laryngeal function studies)	92520			21.00	15 min	
	84	84	L							<u> </u>

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		Prof	ession	al Services (Spee	ch The	rapy	) con	tinued		
	39	71								
Professional Services	11	4A	4W	Speech Therapy (Oral function therapy)	92526			\$ 21.00	15 min	
Services	84	84		(Oral function therapy)				21.00		
	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		
	39	71		Speech Therapy						
Professional Services	11	4A	4W	(Non-speech device	92606			\$ 21.00	15 min	
Sel vices	84	84		service)				21.00		
	39	71		Speech Therapy						
Professional Services	11	4A	4W	(Ex for speech device	92607			\$ 21.00	15 min	
Sel vices	84	84		RX)				21.00		
	39	71		Speech Therapy						
Professional Services	11	4A	4W	(Evaluate swallowing	92610			\$ 21.00	15 min	
Sel vices	84	84		function)				21.00		
	39	71								
Professional Services	11	4A	4W	Speech Therapy	97530	GN		\$ 21.00	15 min	
Sel vices	84	84		(Therapeutic activities)				21.00		
	39	71		Speech Therapy						
Professional Services	11	4A	4W	(Cognitive skills	97129	GN		\$ 21.00	15 min	
Sel vices	84	84		development)				21.00		
		Pr	ofessi	onal Services (Oc	cupati	onal	Ther	apy)		
	37	74		0 4 177						
Professional	11	4A	4W	Occupational Therapy (OT Evaluation low	0=4-5			44440		
Services	84	84	1	complex 30 min)	97165			\$44.40	30 min	
Professional	37	74	4W	Occupational Therapy						
Services	11	4A	1	(OT Evaluation mod	97166			\$66.60	45 min	
Duofossis	84	84	4W	complex 45min)						
Professional Services	37 11	74 4A	4 **	Occupational Therapy (OT Evaluation high	97167			\$88.80	60 min	
	84	84	1	complex 60 min)	7.10,			Ψ00•00	00 <b>111111</b>	
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(OT re-evaluation est	97168			\$ 23.00	15 min	
Del vices	84	84	<u></u>	plan of care)	2/100			23.00		
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of hot or	97010	GO		\$ 23.00	15 min	
SCI VICES	84	84	1	cold packs)				23.00		
Professional	37	74		Occupational Therapy				\$		
Services	11 84	4A 84	4W	(Application of Traction, Mechanical)	97012	GO		23.00	15 min	
	04	04	1	wicchallicar)	I	l	<u> </u>	1		l

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			ional S	Services (Occupat	tional '	Thera	apy)	continu	ed	
Professional	37 11	74 4A	4W	Occupational Therapy	97014	GO		\$	15	
Services	84	84	4**	(Application of electrical stimulation/ unattended)	9/014	GO		23.00	15 min	
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of paraffin	97018	GO		\$ 23.00	15 min	
Sel vices	84	84		bath)				23.00		
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of	97022	GO		\$ 23.00	15 min	
Bervices	84	84		whirlpool)				23.00		
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of electrical	97032	GO		\$ 23.00	15 min	
Sel vices	84	84		stimulation/ manual)				23.00		
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of	97033	GO		\$ 23.00	15 min	
Ser vices	84	84		lontophoresis)				20,00		
D 6 1 1	37	74		Occupational Therapy				ф		
Professional Services	11	4A	4W	(Application of	97035	GO		\$ 23.00	15 min	
	84	84		ultrasound)						
D 6	37	74		Occupational Therapy				ф		
Professional Services	11	4A	4W	(OT Therapeutic	97110	GO		\$ 23.00	15 min	
	84	84		Procedure)						
Professional	37	74		Occupational Therapy				\$		
Services	11	4A	4W	(Massage therapy)	97124	GO		23.00	15 min	
	84	84								
Professional	37	74	]	Occupational Therapy				\$		
Services	11	4A	4W	(Manual therapy)	97140	GO		23.00	15 min	
	84	84								
Professional	37	74		Occupational Therapy				\$		
Services	11	4A	4W	(Therapeutic activities)	97530	GO		23.00	15 min	
	84	84								
Professional	37	74		Occupational Therapy				\$		
Services	11	4A	4W	(Cognitive skills development)	97129	GO		23.00	15 min	
	84	84	-	development)						
Professional	37	74	4	Occupational Therapy	0==			\$		
Services	11	4A	4W	(Wheelchair management)	97542	GO		23.00	15 min	
	84	84		management)						

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			Profe	ssional Services (	Physic	al Th	erap	<b>y</b> )		
	35	65		Physical Therapy						
Professional Services	11	4A	4W	(PT Evaluation low	97161			\$29.60	20 min	
Ser vices	84	84		complex 20 min)	7/101			Ψ22.00	20 11111	
Professional	35	65		Physical Therapy						
Services	11	4A	4W	(PT Evaluation mod complex 30 min )	97162			\$44.40	30 min	
Professional	84 35	84 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	97164			23.00	15 min	
	84	84		of care)						
D . C	35	65		Physical Therapy				ф		
Professional Services	11	4A	<b>4W</b>	(Application of hot or	97010	GP		\$ 23.00	15 min	
201.1102	84	84		cold packs)						
	35	65		Physical Therapy				4		
Professional Services	11	4A	4W	(Application of traction,	97012	GP		\$ 23.00	15 min	
Sel vices	84	84		mechanical)				23.00		
	35	65		Physical Therapy						
Professional Services	11	4A	4W	(Application of electrical	97014	GP		\$ 23.00	15 min	
Services	84	84	1	stimulation/ unattended)				25.00		
	35	65		Physical Therapy						
Professional	11	4A	4W	(Application of paraffin	97018	GP		\$	15 min	
Services	84	84	1	bath)				23.00		
	35	65		Diametral Theorem						
Professional	11	4A	4W	Physical Therapy (Application of	97022	GP		\$	15 min	
Services	84	84	1	whirlpool)				23.00		
	35	65								
Professional	11	4A	4W	Physical Therapy (Application of electrical	97032	GP		\$	15 min	
Services	84	84	1	stimulation/ manual)	77002			23.00	10 11111	
	35	65								
Professional	11	4A	4W	Physical Therapy (Application of	97033	GP		\$	15 min	
Services	84	84	1 7"	lontophoresis)	77033	01		23.00	13 11111	
	35	65		-						
Professional	11	4A	4W	Physical Therapy (Application of	97035	GP		\$	15 min	
Services	84	4A 84	- ***	ultrasound)	71033	GI		23.00	13 11111	
	35	65	1	, , , , , , , , , , , , , , , , , , ,						
	-		-							
Professional Services	84	4A 84	4W	Physical Therapy (Therapeutic Procedure)	97110	GP		\$ 23.00	15 min	

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		Profe	essiona	al Services (Physi	cal Th	erapy	y) coi	ntinued		
	35	65		Physical Therapy						
Professional Services	11	4A	4W	(neuromuscular	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	4***	Physical Therapy	0=104	an.		\$	4.	
Services	11	4A 84	4W	(Massage therapy)	97124	GP		23.00	15 min	
	84 35	65								
Professional	11	4A	4W	Physical Therapy	97140	GP		\$	15 min	
Services	84	84	- ***	(Manual therapy)	3/140	Gi		23.00	13 11111	
	35	65								
Professional	11	4A	4W	Physical Therapy	97530	GP		\$	15 min	
Services	84	84	1	(Therapeutic activities)	7,000	0.		23.00	20	
	35	65		Dhygical Thomany						
Professional	11	4A	4W	Physical Therapy (Wheelchair	97542	GP		\$	15 min	
Services	84	84		Management)				23.00		
			Pro	ofessional Service	s (Soci	al W	ork)			
	73	73								
Professional Services	11	4A	4W	Social Worker (Family psychotherapy)	90847	AJ		\$ 18.00	15 min	
Sel vices	84	84		(1 anniy psychotherapy)				10.00		
D C	73	73		G				d)		
Professional Services	11	4A	4W	Social Worker (Group psychotherapy)	90853	AJ		\$ 18.00	15 min	
	84	84		(						
	73	73		G_**1 W/. *						
Professional	11	4A	4W	Social Worker (Self-care Management	97535	AJ		\$	15 min	
Services	84	84	1	Training)				18.00		
	73	73		Social Worker						
Professional	11	4A	4W	(Community/ Work	97537	AJ		\$	15 min	
Services	84	84	1	Reintegration)				18.00		
	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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		Pr	ofessio	onal Services (So	cial Wo	ork) (	conti	nued		
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 Counseiing)						
Professional	73	73		Social Worker				\$		
Services	11	4A	4W	(Unlisted Home Visit	99600	AJ		<b>18.00</b>	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		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		1(05)						
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	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		Service)						
Professional	73	73		Social Worker				\$		
Services	11	4A	4W	(Community-based Wrap Around)	H2021	AJ		18.00	15 min	
	84	84		Atouliu)						
			Pr	ofessional Service	es (Psy	cholo	ogy)			
D. C	31	62, 95,96		Psychologist				ф		
Professional Services	11	4A	1	(Interactive Psychological Diagnostic	90791			\$ 31.25	15 min	
501 11005	84	84		Interview)	70,71			01120		

ISSUED: 05/11/20 REPLACED: 01/17/19

## **CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**

				<b>.</b>							
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 Psychotherapy)	90832			\$ 31.25	15 min		
	84	84									
Professional	31	62, 95,96		Psychologist (Family therapy without patient present)	90846			\$ 31.25	15 min		
Services	11	4A	4W								
	84	84		patient present)							
	31	62, 95,96		Psychologist (Special Family Therapy w/ patient)							
	11	4A	4W		90847	AH	\$ 31.25	31.25	15 min		
	84	84									
Professional Services	31	62, 95,96	4W	Psychologist (Group Psychotherapy)				¢	\$ 15 min		
	11	4A			90853	AH					
	84	84									
Professional	31	62, 95,96	4W	Psychologist (Pharmacologic Management)	90863			\$			
Services	11	4A						31.25	15 min		
	84	84 62,									
Professional	31	95,96	4W	Psychologist (Psychological Testing by Psychologist	96130			\$	15 min		
Services	11	4A						31.25	13 11111		
	84	84 62,									
Professional	31	95,96	4W	Psychologist (Psychological Testing by Tech)	96138			\$	15 min		
Services	11 84	4A 84						31.25	10		
	31	62,	4W	Psychologist (Neuropsychological testing)	96132			\$ 31.25	15 min		
Professional	11	95,96 4A									
Services	84	84			90132			31,23			
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											
Professional Services	31	62, 95,96	4W	Psychologist (Self-care Management Training)	97535			\$			
	11	4A				AH		31.25	15 min		
	84	84									

ISSUED: 05/11/20 REPLACED: 01/17/19

## **CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**

	21	62,								
Professional Services	31	95,96	4W	Psychologist (Community/ Work Reintegration)	97537	АН	\$	,	15 min	
	11	4A					31.25	25	15 min	
	84	84 62,								
Professional Services	31	95,96	4W	Psychologist (Home visit for Assistance with ADL's and Personal Care)	99509	АН	\$	\$ 31.25	15 min	
	11	4A								
	84	84								
Professional	31	62, 95,96	4W	Psychologist (Home Visit, Sing/M/Fam Counseling)	99510	АН	\$	\$		
Services	11	4A					31.25	15 min		
	84	84								
Professional	31	62, 95,96	4W	Psychologist (Unlisted Home Visit Service or Procedure)	99600	АН	\$	\$ 31.25	15 min	
Services	11	4A								
	84	84								
Professional	31	62, 95,96	4W	Psychologist (Assertive Community Treatment Face to Face)	H0039	АН	¢	\$ 31.25		
Services	11	4A							15 min	
	84	84								
Professional	31	62, 95,96	4W	Psychologist (Mental Health Services, NOS)	H0046	АН		31.25		
Services	11	4A					31.		15 min	
	84	84								
Professional	31	62, 95,96	4W	Psychologist (Crisis Intervention)	H2011	АН	4	\$ 31.25		
Services	11	4A							15 min	
	84	84								
Professional	31	62, 95,96	4W	Psychologist (Psychosocial Rehab Services)	H2017	АН	4	\$ 31.25	15 min	
Services	11	4A								
	84	84								
Professional Services	31	62, 95,96	4W	Psychologist (Therapeutic Behavior Service)	H2019	АН	4	\$		
	11	4A					31.25	15 min		
	84	84								
Professional Services	31	62, 95,96	4W	Psychologist (Community-based Wrap Around)	H2021	АН	\$			
	11	4A					31.25	15 min		
	84	84								

## **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
Dental Services										
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		<b>Dental</b> (Prohylaxis-Adult)	D1110			\$ 54.64	Per procedure	
		]	Perma	anent Supportive	Housi	ng Su	ıppoı	rts		
Permanent Supportive	AW			Housing Stabilization	Z0648			\$15.11	15 Min.	72 units annually
Housing					Housing Stabilization	20048			\$60.44	1 Hour
Permanent Supportive	AW			Housing Stabilization Transition	Z0649			\$15.11	15 Min.	93 units annually
Housing								\$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 transportation rate	15 min	Max 40 unit per day