#### CHAPTER 38: RESIDENTIAL OPTIONS WAIVER APPENDIX E: BILLING CODES

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#### **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
				<b>Transition</b> F	undin	g			I	
Community Transition Waiver	2	<b>4</b> A		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			\$4.63	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 1	Home	e Services-Childrei	n unde	er 18	(Resi	dential)	)	
Foster Care	84	84	4W	Host Home Level 1	S5140	НА		\$52.95	Per diem	
Foster Care	84	84	4W	Host Home Level 2	S5140	TF	НА	\$57.05	Per diem	
Foster Care	84	84	4W	Host Home Level 3	S5140	TG	НА	\$64.11	Per diem	
Foster Care	84	84	4W	Host Home Level 4	85140	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	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	
			Com	panion Care Serv	vices (F	Reside	ential	)		
Companion Care, Adult	82	82	4W	Companion Care	S5136			\$92.02	Per diem	
				Living Services-N		-	-	- /		
		Prov	ider I	Leased or Owned	Reside	nce (	Resid	lential)	[	
Habilitation, Residential	11	<b>4</b> A	4G	Shared Living – Level 1	T2016			\$82.33	Per diem	
Habilitation Residential	11	<b>4</b> A	4G	Shared Living – Level 2	T2016	TF	HQ	\$90.81	Per diem	
Habilitation Residential	11	<b>4</b> A	4G	Shared Living – Level 3	T2016	TG	HQ	\$104.08	Per diem	
Habilitation Residential	11	<b>4</b> A	4G	Shared Living – Level 4	T2016	U2	НQ	\$123.09	Per diem	
			Sh	ared Living-New	(Up to	3 peo	ople)		I	
	]	Partic	ipant	Leased or Owned	l Resid	ence	(Res	idential	)	
Habilitation, Residential	11	<b>4</b> A	4L	Shared Living – Level 1	T2016	HQ		\$82.33	Per diem	
Habilitation Residential	11	<b>4</b> A	4L	Shared Living – Level 2	T2016	TF	HQ	\$90.81	Per diem	

# **CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**

# **APPENDIX E: BILLING CODES**

HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB- SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS	
		•		ared Living-New (	· -	-			· · · · · · ·		
Participant Leased or Owned Residence (Residential) continued											
Habilitation Residential	11	<b>4</b> A	4L	Shared Living – Level 3	T2016	TG	HQ	\$104.08	Per diem		
Habilitation Residential	11	<b>4</b> A	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	<b>4</b> A	4J	Shared Living – Level 1 Up to 4 people	T2033	UQ		\$61.81	Per diem		
Residential Care, (NOS), Waiver	11	4A	4J	Shared Living – Level 2 Up to 4 people	T2033	TF	UQ	\$70.09	Per diem		
Residential Care, (NOS), Waiver	11	4A	4J	Shared Living – Level 3 Up to 4 people	T2033	TG	UQ	\$84.86	Per diem		
Residential Care, (NOS), Waiver	11	<b>4</b> A	4J	Shared Living – Level 4 Up to 4 people	T2033	U2	UQ	\$111.26	Per diem		
Shared I	Living	-Conv	versio	n/Participant Lea	sed or	Own	ed R	esidenc	e (Reside	ntial)	
Residential Care, (NOS), Waiver	11	<b>4</b> A	4H	Shared Living – Level 1 Up to 4 people	T2033	UQ		\$61.81	Per diem		
Residential Care, (NOS), Waiver	11	4A	4H	Shared Living – Level 2 Up to 4 people	T2033	TF	UQ	\$70.09	Per diem		
Residential Care, (NOS), Waiver	11	4A	4H	Shared Living – Level 3 Up to 4 people	T2033	TG	UQ	\$84.86	Per diem		
Residential Care, (NOS), Waiver	11	<b>4</b> A	4H	Shared Living – Level 4 Up to 4 people	T2033	U2	UQ	\$111.26	Per diem		

# **CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**

# **APPENDIX E: BILLING CODES**

HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB-SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS
				<b>Respite Se</b>	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	ysten	ı		
Personal Emergency Response System	16	90		Installation	S5160			\$30.00	Install- ation	
Personal Emergency Response System	16	90		Monthly Service Fee	85161			\$27.00	Monthly	

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## **APPENDIX E: BILLING CODES**

HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB- SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS
			Tra	nsportation (Resid	lential	Servi	ces)			
Transportation Local Trip	42	4X	4W	Transportation Regular - (Comm Access)	T2001	U1		\$5.58	One-way	730
Transportation	42	4A 4X		Transportation						
-Local Trip (W/C)		4A	4W	Wheel chair – (Comm Access)	A0090			\$9.32	One-way	730
		1	A	daptation/Accessil	oility S	ervic	es			
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	85165				Per Service	
			•	Vocational S	ervices	5				
Supported Employment	98	98		Supported Employment, Individual Job and Assistance with Micro Enterprise	H2023	ТТ		\$13.00	15 min	Up to 8 Units per day
Supported Employment	98	98		Supported Employment Virtual Individual Job Follow Along 1:1	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	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			\$2.88	15 Min	32 Units per Day
Non-Emergency Transportation	13	36		Regular Transportation for Prevocational Services	T2003			\$6.00	One way	10 units per week

#### LOUISIANA MEDICAID PROGRAM

#### ISSUED: 07/01/22 REPLACED: 04/14/22

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Habilitation, Prevocational	13	36	Virtual Pre-Vocational Typical Job Preparedness Activities 1:8	T2025	GT	\$2.98	15 Min	Up to 20 Units per day
Habilitation, Prevocational	13	36	Prevocational Services Small Group Communit 1:3/4	y T2025	UQ	\$3.88	15 Min	Up to 20 Units per day

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#### **APPENDIX E: BILLING CODES**

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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			\$2.48	15 Min	32 Units per Day
Day Habilitation	14	50		Virtual Day Habilitation Typical Community Life Engagement Activities 1:8	T2021	GT		\$2.98	15 Min	Up to 20 Units per day
Day Habilitation	14	50		Day Habilitation Small Group Community 1:3/4	T2021	UQ		\$3.88	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			\$71.44	Per visit	
Services of Skilled Nurse In	44	87		LPN-Intermittent						
Home Health Setting	11	4A	4W	Services (up to 4 persons)	G0300	ТТ		\$35.70	Per visit	
In Home	44	87	4337	LPN-Extended Services	60124					
Nursing Care by LPN	11	<b>4</b> A	4W	(1 person)	S9124			\$41.60	Per hour	
In Home	44	87	4337	LPN-Extended Services	60124	TT				
Nursing Care by LPN	11	<b>4</b> A	4W	(up to 2 persons)	S9124	TT		\$20.80	Per Hour	
RN Intermittent	44	87	4757	Nursing RN						
Services	11	4A	4W	(1 person)	G0299			\$89.51	Per visit	
<b>RN</b> Extended	44	87	4337	Nursing RN	60122	T				
Services	11	4A	4W	(up to 2 persons)	S9123	TT		\$21.10	Per hour	
RN Extended	44	87		Nursing RN	Gatas					
Services	11	4A	4W	(1 person)	S9123			\$44.20	Per hour	
<b>RN Intermittent</b>	44	87	4W	Nursing RN		ТТ				
Services	11	<b>4</b> A		(up to 4 persons)	G0299	11		\$44.62	Per visit	

**Billing Codes** 

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## **APPENDIX E: BILLING CODES**

HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB- SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS
		P	rofess	sional Services (R	egister	ed D	ietici	an)		
Professional Services	41,11, 84	4R	4W	<b>Registered Dietician</b> (Individual)	97802			\$9.00	15 min	
Professional Services	41,11, 84	4R	4W	<b>Registered Dietician</b> (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	<b>/)</b>		
	39	71		Speech Therapy						
Professional Services	11	<b>4</b> A	4W	Evaluation of Speech Fluency	92521			\$21.00	15 min	
	84	84		(e.g. stuttering, cluttering)						
<b>D C C C</b>	39	71		Speech Therapy Evaluation of Speech sound production						
Professional Services	11	<b>4</b> A	4W	(e.g. articulation, phonological process,	92522			\$21.00	15 min	
	84	84		apraxia, dysarthria)						
	39	71		Speech Therapy Evaluation of Speech Sound Production (e.g., articulation,						
Professional Services	11	<b>4</b> A	4W	phonological process, apraxia, dysarthria) with evaluation of language	92523			\$21.00	15 min	
	84	84		comprehension and expression (e.g., receptive and expressive language)						
	39	71		Speech Therapy						
Professional Services	11	<b>4</b> A	4W	Behavioral and Qualitative Analysis of	92524			\$21.00	15 min	
	84	84		Voice and Resonance						
Professional	39	71	4337	Speech Therapy	02507					
Services	11 84	4A 84	4W	(Speech Language Hearing Therapy)	92507			\$21.00	15 min	
	39	71								
Professional	11	4A	4W	Speech Therapy (Laryngeal function	92520			¢21.00	15	
Services	84	84	1	studies)				\$21.00	15 min	

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## **APPENDIX E: BILLING CODES**

HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB- SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS
		Prof	ession	al Services (Spee	ch The	erapy	) con	tinued		
Dave for stress of	39	71		Same h Thomas						
Professional Services	11	<b>4</b> A	4W	<b>Speech Therapy</b> (Oral function therapy)	92526			\$21.00	15 min	
	84	84								
Professional	39	71	-	Speech Therapy						
Services	11	<b>4</b> A	4W	(Evaluation for non- speech device RX)	92605			\$21.00	15 min	
	84	84		specen device KX )						
Professional	39	71	4337	Speech Therapy	00000					
Services	11	4A	4W	(Non-speech device service)	92606			\$21.00	15 min	
	84	84								
Professional	39	71	4337	Speech Therapy	02(07					
Services	11 84	4A 84	4W	(Ex for speech device RX)	92607			\$21.00	15 min	
	39	71		,						
Professional	11	4A	4W	Speech Therapy (Evaluate swallowing	92610					
Services	84	84		function)	2010			\$21.00	15 min	
	39	71								
Professional	11	4A	4W	Speech Therapy	97530	GN				
Services	84	84		(Therapeutic activities)				\$2.00	15 min	
	39	71		Speech Therapy						
Professional	11	4A	4W	(Cognitive skills	97129	GN		621.00	15 min	
Services	84	84		development)				\$21.00	15 min	
		Pr	ofessi	onal Services (Oc	cupati	onal	Ther	apy)		
	37	74	1		-					
Professional	11	4A	4W	Occupational Therapy (OT Evaluation low				<b>64440</b>		
Services	84	84	1	complex 30 min)	97165			\$44.40	30 min	
Professional	37	74	4W	Occupational Therapy	1					
Services	11	4A	4	(OT Evaluation mod	97166			\$66.60	45 min	
Professional	84 37	84 74	4W	complex 45min) Occupational Therapy	+					
Services	11	4A	1	(OT Evaluation high	97167			\$88.80	60 min	
	84	84		complex 60 min)						
Professional	37	74		<b>Occupational</b> Therapy						
Services	11	<b>4</b> A	4W	(OT re-evaluation est plan of care)	97168			\$23.00	15 min	
	84	84								
Professional	37	74		Occupational Therapy	05010					
Services	11	4A	4W	(Application of hot or cold packs)	97010	GO		\$23.00	15 min	
	84 37	84 74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of Traction,	97012	GO		\$23.00	15 min	
501 11008	84	84		Mechanical)				943.00		

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#### **APPENDIX E: BILLING CODES**

HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB- SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS
	Pı	ofessi	ional S	Services (Occupat	tional '	Thera	apy) (	continu	ed	
Professional	37	74	477.	Occupational Therapy						
Services	11 84	4A 84	4W	(Application of electrical stimulation/ unattended)	97014	GO		\$23.00	15 min	
	37	74								
Professional	11	4A	<b>4</b> W	<b>Occupational Therapy</b> (Application of paraffin	97018	GO		£22.00	15 .	
Services	84	84		bath)				\$23.00	15 min	
	37	74		Occupational Therapy						
Professional Services	11	4A	<b>4W</b>	(Application of	97022	GO		\$23.00	15 min	
Services	84	84		whirlpool)				\$25.00	15 1111	
	37	74		Occupational Therapy						
Professional Services	11	4A	<b>4W</b>	(Application of electrical	97032	GO		\$23.00	15 min	
Services	84	84		stimulation/ manual)				\$25.00	15 1111	
	37	74		Occupational Therapy						
Professional Services	11	<b>4</b> A	<b>4W</b>	(Application of	97033	GO		\$23.00	15 min	
	84	84		iontophoresis)						
	37	74		Occupational Therapy						
Professional Services	11	4A	<b>4W</b>	(Application of	97035	GO		\$23.00	15 min	
	84	84		ultrasound)						
Professional	37	74		<b>Occupational Therapy</b>						
Services	11	4A	<b>4W</b>	(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	0					
Services	11	4A	4W	(Therapeutic activities)	97530	GO		\$23.00	15 min	
	84	84								
Professional	37	74	4337	Occupational Therapy		60				
Services	11	4A	4W	(Cognitive skills development)	97129	GO		\$23.00	15 min	
	84	84		1 /						
Professional	37 11	74 4A	4W	Occupational Therapy (Wheelchair	97542	GO				
Services	84	4A 84	-+ VV	(wheelchair management)	2/342	60		\$23.00	15 min	
	04	04		<i>,</i>						

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## **APPENDIX E: BILLING CODES**

HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB- SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS
			Profe	ssional Services (	Physic	al Th	erap	y)		
	35	65		Physical Therapy						
Professional Services	11	<b>4</b> A	4W	(PT Evaluation low	97161			\$29.60	20 min	
	84	84		complex 20 min)						
Professional Services	35 11	65	4W	<b>Physical Therapy</b> (PT Evaluation mod	97162			\$44.40	30 min	
Services	84	4A 84	4 **	complex 30 min )	97102			344.40	<b>50 mm</b>	
Professional	35	65		Physical Therapy						
Services	11 84	4A 84	4W	(PT Evaluation high complex 45 min )	97163			\$66.60	45 min	
	35	65								
Professional	11	4A	4W	Physical Therapy (PT re-evaluation est plan				<b>***</b>		
Services	84	84		of care)	97164			\$23.00	15 min	
	35	65		Physical Therapy						
Professional Services	11	4A	4W	(Application of hot or	97010	GP		\$23.00	15 min	
Services	84	84	1	cold packs)				\$25.00	15 1111	
	35	65		Physical Therapy						
Professional Services	11	<b>4</b> A	4W	(Application of traction,	97012	GP		\$23.00	15 min	
Services	84	84		mechanical)				<b>\$20.</b> 00	10 1111	
D.C. 1	35	65		Physical Therapy						
Professional Services	11	<b>4</b> A	4W	(Application of electrical	97014	GP		\$23.00	15 min	
	84	84		stimulation/ unattended)						
Professional	35	65		Physical Therapy						
Services	11	<b>4</b> A	4W	(Application of paraffin bath)	97018	GP		\$23.00	15 min	
	84	84		Uddil)						
Professional	35	65		Physical Therapy		~ ~				
Services	11	4A	4W	(Application of whirlpool)	97022	GP		\$23.00	15 min	
	84	84		1 /						
Professional	35 11	65 4A	4W	<b>Physical Therapy</b> (Application of electrical	97032	GP				
Services	84	4A 84	-+ VV	stimulation/ manual)	97032	Gr		\$23.00	15 min	
	35	65								
Professional	11	4A	4W	Physical Therapy (Application of	97033	GP				
Services	84	84		iontophoresis)	1.000	01		\$23.00	15 min	
	35	65		Dhysical Therees						
Professional	11	4A	4W	Physical Therapy (Application of	97035	GP		¢72.00	15	
Services	84	84	1	ultrasound)				\$23.00	15 min	
	35	65								
Professional	11	<b>4</b> A	]	Physical Therapy						
Services	84	84	4W	(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
		Profe	essiona	al Services (Physi	ical Th	erapy	y) coi	ntinued		
Professional	35	65		Physical Therapy						
Services	11	<b>4</b> A	4W	(neuromuscular re-education)	97112			\$23.00	15 min	
	84	84		re-education)						
Professional	35	65		Physical Therapy						
Services	11	4A	4W	(Gait training)	97116			\$23.00	15 min	
	84	84								
Professional	35 11	65 4A	4W	Physical Therapy	97124	GP				
Services	84	4A 84	4 11	(Massage therapy)	9/124	Gr		\$23.00	15 min	
	35	65								
Professional	11	4A	4W	Physical Therapy	97140	GP				
Services	84	84		(Manual therapy)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	01		\$23.00	15 min	
	35	65								
Professional	11	4A	4W	Physical Therapy	97530	GP		622.00	15	
Services	84	84		(Therapeutic activities)				\$23.00	15 min	
	35	65		Physical Therapy						
Professional Services	11	<b>4</b> A	<b>4W</b>	(Wheelchair	97542	GP		\$23.00	15 min	
Services	84	84		Management)				\$20.00	10 1111	
			Pro	ofessional Service	es (Soci	al W	ork)			
	73	73								
Professional Services	11	4A	4W	Social Worker (Family psychotherapy)	90847	AJ		\$18.00	15 min	
Services	84	84		(ranny psychotherapy)				\$10.00	15 1111	
	73	73								
Professional	11	<b>4</b> A		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	4A 84		(Sen-care Management Training)	1333	лJ		\$18.00	15 min	
	73	73		a . 1 w					L	
Professional	11	4A	4W	Social Worker (Community/ Work	97537	AJ		010.00		
Services	84	84		Reintegration)				\$18.00	15 min	
	73	73			1					
	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	

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

#### **APPENDIX E: BILLING CODES**

HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB- SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS
Professional Services (Social Work) continued										
Professional Services	73	73		Social Worker (Home Visit,						
	11	4A	4W		99510	AJ		\$18.00	15 min	
	84	84		Sing/M/Fam Counseling)						
Professional	73	73		Social Worker						
Services	11	<b>4</b> A	4W	(Unlisted Home Visit Service or Procedure)	99600	AJ	\$18.0	\$18.00	15 min	
	84	84		Service of Trocedure)						
Professional	73	73		Social Worker	G0155					
Services	11	4A	4W	(HHCP-SVS of CSW)				\$18.00	15 min	
	84	84								
Professional	73	73	4W	Social Worker (Assertive Community treatment face to face)	H0039	AJ				
Services	11 84	4A						\$18.00	15 min	
	73	84 73	4W	Social Worker (Mental Health Services,	H0046	AJ				
Professional	11	4A								
Services	84	84		NOS)		AJ		\$18.00	15 min	
	73	73		, Social Worker (Crisis Intervention)	H2011	AJ				
Professional	11	4A	4W					\$18.00	15 min	
Services	84	84								
	73	73		Social Worker (Skilled Training and	H2014		\$18.00			
Professional	11	4A	4W							
Services	84	84		Development)				\$18.00	15 min	
	73	73		Social Worker	H2017					
Professional	11	4A	<b>4W</b>	Social Worker (Psychosocial Rehab		AJ		¢10 00	15 min	
Services	84	84	1	Services)				\$18.00		
	73	73		Social Worker						
Professional Services	11	4A	<b>4W</b>	(Therapeutic Behavior	H2019	AJ		\$18.00	15 min	
SUMUCS	84	84		Service)					15 1111	
	73	73		Social Worker						
Professional Services	11	<b>4</b> A	4W	(Community-based Wrap	H2021	AJ		\$18.00	15 min	
Services	84	84		Around)				\$10.00	10 1111	
Professional Services (Psychology)										
Professional	31	62, 95,96		Psychologist						
Professional Services	11	4A		(Interactive Psychological Diagnostic	90791			\$31.25	15 min	
	84	84	1	Interview)						

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

#### **APPENDIX E: BILLING CODES**

HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB- SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS	
	Professional Services (Psychology) continued										
	31	62, 95,96		Psychologist							
Professional Services	11	4A	<b>4W</b>	(Individual	90832			\$31.25	15 min		
	84	84		Psychotherapy)	,			\$011 <u>-</u> 0	10		
Professional	31	62, 95,96		<b>Psychologist</b> (Family therapy without patient present)	90846						
Services	11	4A	<b>4W</b>					\$31.25	15 min		
	84	84									
Professional	31	62, 95,96	4W	<b>Psychologist</b> (Special Family Therapy w/ patient)	90847	AH					
Services	11	<b>4</b> A					\$31.25	\$31.25	15 min		
	84	84									
Professional	31	62, 95,96	4W	Psychologist (Group Psychotherapy)	90853	AH					
Services	11	<b>4</b> A					\$31.25	\$31.25	15 min		
	84	84									
Professional	31	62, 95,96	4W	<b>Psychologist</b> (Pharmacologic Management)	90863						
Services	11	<b>4</b> A						\$31.25	15 min		
	84	84		´							
Professional	31	62, 95,96	4W	<b>Psychologist</b> (Psychological Testing by							
Services	11	4A	7 11	Psychologist	96130			\$31.25	15 min		
	84	84 62,		-							
Professional Services	31	95,96	4W	<b>Psychologist</b> (Psychological Testing by	96138						
	11	4A		(Psychological Testing by Tech)				\$31.25	15 min		
	84 31	84 62,		Developing							
Professional	11	95,96 4A	<b>4</b> W	Psychologist (Neuropsychological testing)	96132			¢21.35	15		
Services	84	4A 84	• • •					\$31.25	15 min		
	04	04									

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

#### **APPENDIX E: BILLING CODES**

HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB- SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS		
		1	rofessi	ofessional Services (Psychology) continued								
	31	62, 95,96	4W	Psychologist	97535	AH						
Professional Services	11	4A		(Self-care Management				\$31.25	15 min			
	84	84		Training)								
Professional	31	62, 95,96		Psychologist								
Services	11	4A	4W	(Community/ Work Reintegration)	97537	AH		\$31.25	15 min			
	84	84										
Professional	31	62, 95,96	433.7	<b>Psychologist</b> (Home visit for Assistance with ADL's	00500							
Services	11	4A	4W		99509	AH		\$31.25	15 min			
	84	84		and Personal Care)								
Professional	31	62, 95,96	4W	Psychologist (Home Visit, Sing/M/Fam Counseling)	99510	АН		\$31.25				
Services	11	4A				АП			15 min			
	84	84 62,			<u> </u>							
Professional	31	95,96	4W	<b>Psychologist</b> (Unlisted Home Visit	99600	АН		\$31.25	15 min			
Services	11 84	4A 84		Service or Procedure)								
	31	62, 95,96	4W	Psychologist		) AH						
Professional Services	11	4A		(Assertive Community Treatment Face to Face)	H0039			\$31.25	15 min			
	84	84										
Professional	31	62, 95,96	4W	Psychologist (Mental Health Services, NOS)	H0046	АН						
Services	11	4A						\$31.25	15 min			
	84	84										
Professional	31	62, 95,96		Psychologist	H2011							
Services	11	4A	4W	(Crisis Intervention)		AH	н	\$31.25	15 min			
	84	84 62,										
Professional	31	95,96	4W	<b>Psychologist</b> (Psychosocial Rehab	H2017	AH						
Services	11	4A	-+ VV	(Psychosocial Rehab Services)				\$31.25	15 min			
	84 31	84 62,		Psychologist (Therapeutic Behavior H2								
Professional	11	95,96 4A	4W		H2019 AH	АН		\$31.25	15 min			
Services	84	84		Service)					15 min			
	31	62, 95,96		Psychologist		АН						
Professional Services	11	4A	4W	(Community-based Wrap Around)	H2021			\$31.25	15 min			
	84	84		/ itoulu)								

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

### **APPENDIX E: BILLING CODES**

HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB- SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS		
	Permanent Supportive Housing Supports											
Permanent								\$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	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 transportatio rate	15 min	Max 40 unit per day		
Monitored In-Home Care Giving												
Monitored In- Home Care Giving	MI	35		Waiver Service - not otherwise specified Level 1	T2033			\$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			