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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
		(	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 I	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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	]	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	
			Com	panion Care Serv	vices (F	Resido	entia	l)		
Companion Care, Adult	82	82	4W	Companion Care	S5136			\$ 92.02	Per diem	
		Sł	ared	Living Services-N	New (U	p to .	3 peo	ple)		
		Provi	ider I	Leased or Owned	Reside	nce (	Resid	lential)		
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	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	HQ	\$ 123.09	Per diem	
			Sh	ared Living-New	(Up to	3 peo	ople)			
	]	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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	Partic	ipant		ared Living-New ( ed or Owned Resi	_	_	_	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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				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	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	42	4X	4W	Transportation Regular -	Z5177			\$5.58	One-way	730
Local Trip		4A		(Comm Access)	-			, , , , ,		
Transportation -Local Trip (W/C)	42	4X 4A	4W	Transportation Wheel chair – (Comm Access)	Z5186			\$9.32	One-way	730
			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	}	I.			
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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			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	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	4***	LPN-Extended Services	G0404			\$		
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	777	(up to 2 persons)	57123			17.00	1 CI HOUI	
RN Extended	44	87	4W	Nursing RN	S9123			\$	Per hour	
Services	11	4A		(1 person)				34.00		
RN Intermittent	44	87	4W	Nursing RN	G0200	TT		\$	Per visit	
Services	11	4A		(up to 4 persons)	G0299			34.32		

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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	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, 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>4A</b>	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)						
Description of	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	4337	Speech Therapy	02520			\$	15	
Services	11	4A	4W	(Laryngeal function studies)	92520			21.00	15 min	
	84	84	L		<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		(Grai ranction dicrapy)				21.00		
Description of	39	71		Speech Therapy				ф		
Professional Services	11	4A	4W	(Evaluation for non-	92605			\$ 21.00	15 min	
	84	84		speech device RX)						
Professional	39	71		Speech Therapy				\$		
Services	11	4A	4W	(Non-speech device service)	92606			21.00	15 min	
	84	84		service)						
Professional	39	71	4337	Speech Therapy	02/07			\$	15 min	
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			\$	15 min	
Services	84	84	1 '''	function)	72010			21.00	13 11111	
	39	71								
Professional	11	4A	4W	Speech Therapy	97530	GN		\$	15 min	
Services	84	84		(Therapeutic activities)				21.00		
	39	71		Speech Therapy						
Professional Services	11	4A	4W	(Cognitive skills	97129	GN		\$ 21.00	15 min	
Bervices	84	84		development)				21.00		
		Pr	ofessi	onal Services (Oc	cupati	onal	Ther	apy)		
	37	74		Occupational Therapy						
Professional	11	4A	4W	(OT Evaluation low	07165			\$44.40	20	
Services	84	84		complex 30 min)	97165			\$44.40	30 min	
Professional	37	74	4W	Occupational Therapy						
Services	11 84	4A 84		(OT Evaluation mod complex 45min)	97166			\$66.60	45 min	
Professional	37	74	4W	Occupational Therapy						
Services	11	4A		(OT Evaluation high	97167			\$88.80	60 min	
	84	84		complex 60 min)						
Professional	37	74		Occupational Therapy				\$		
Services	11	4A	4W	(OT re-evaluation est plan of care)	97168			23.00	15 min	
	84	84	-	plan of care)						1
Professional	37	74	4887	Occupational Therapy	05010			\$	15 .	
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	
services	84	84		Mechanical)				25.00		

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	Pr	ofessi	ional S	Services (Occupat	tional '	Thera	apy) (	continu	ed	
Professional	37	74	4777	Occupational Therapy	05014	GO.		\$	15 .	
Services	11 84	4A 84	4W	(Application of electrical stimulation/ unattended)	97014	GO		23.00	15 min	
	37	74		Occupational Therapy						
Professional	11	4A	4W	(Application of paraffin	97018	GO		\$	15 min	
Services	84	84		bath)				23.00		
	37	74		0						
Professional	11	4A	4W	Occupational Therapy (Application of	97022	GO		\$	15 min	
Services	84	84		whirlpool)				23.00		
	37	74		Occupational Therapy						
Professional	11	4A	4W	(Application of electrical	97032	GO		\$	15 min	
Services	84	84		stimulation/ manual)				23.00		
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of	97033	GO		\$ 23.00	15 min	
Services	84	84		lontophoresis)				23.00		
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of	97035	GO		\$ 23.00	15 min	
Sei vices	84	84		ultrasound)				23.00		
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(OT Therapeutic	97110	GO		\$ 23.00	15 min	
Services	84	84		Procedure)				23.00		
	37	74								
Professional Services	11	4A	4W	Occupational Therapy (Massage therapy)	97124	GO		\$ 23.00	15 min	
Bei vices	84	84		(Massage merapy)				23.00		
	37	74		0 4 177						
Professional Services	11	4A	4W	Occupational Therapy (Manual therapy)	97140	GO		\$ 23.00	15 min	
	84	84		(rj/						
D6	37	74	]	0				d d		
Professional Services	11	4A	4W	Occupational Therapy (Therapeutic activities)	97530	GO		\$ 23.00	15 min	
	84	84		,						
Drofossional	37	74		Occupational Therapy				¢		
Professional Services	11	4A	4W	(Cognitive skills	97129	GO		\$ 23.00	15 min	
	84	84		development)						
Professional	37	74		Occupational Therapy				\$		
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	<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)	77101			Ψ25.00	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	97164			23.00	15 min	
	84	84		of care)						
	35	65		Physical Therapy						
Professional Services	11	4A	<b>4W</b>	(Application of hot or	97010	GP		\$ 23.00	15 min	
Sel vices	84	84		cold packs)				25.00		
	35	65		Physical Therapy						
Professional Services	11	4A	4W	(Application of traction,	97012	GP		\$ 23.00	15 min	
Services	84	84	1	mechanical)				23.00		
	35	65		Physical Therapy						
Professional	11	4A	4W	(Application of electrical	97014	GP		\$	15 min	
Services	84	84	1	stimulation/ unattended)				23.00		
	35	65		D1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
Professional	11	4A	4W	Physical Therapy (Application of paraffin	97018	GP		\$	15 min	
Services	84	84	1	bath)	77010	0.		23.00	10 11111	
	35	65								
Professional	11	4A	4W	Physical Therapy (Application of	97022	GP		\$	15 min	
Services	-	84	* * *	whirlpool)	97022	GI		23.00	13 11111	
	84			* ′						
Professional	35	65	4557	Physical Therapy	07022	CD		\$	15	
Services	11	4A	4W	(Application of electrical stimulation/ manual)	97032	GP		23.00	15 min	
	84	84	1	Jamaia (11)						
Professional	35	65		Physical Therapy	.=			\$		
Services	11	4A	4W	(Application of lontophoresis)	97033	GP		23.00	15 min	
	84	84		iomophorosis)						
Professional	35	65	4	Physical Therapy				\$		
Services	11	4A	4W	(Application of ultrasound)	97035	GP		23.00	15 min	
	84	84		uitrasouna)						
	35	65	1							
Professional	11	4A	4557	Physical Therapy	07110	CD		\$	15	
Services	84	84	4W	(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				4		
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	4777	Physical Therapy	05124	C.D.		\$	45 .	
Services	84	4A 84	4W	(Massage therapy)	97124	GP		23.00	15 min	
	35	65								
Professional	11	4A	4W	Physical Therapy	97140	GP		\$	15 min	
Services	84	84	7**	(Manual therapy)	9/140	Gi		23.00	13 11111	
	35	65								
Professional	11	4A	4W	Physical Therapy	97530	GP		\$	15 min	
Services	84	84		(Therapeutic activities)				23.00		
	35	65		Physical Therapy						
Professional Services	11	4A	4W	(Wheelchair	97542	GP		\$ 23.00	15 min	
Sel vices	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	
Bervices	84	84		(1 anniy psychomerapy)				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								
Duofoasi	73	73		Social Worker				6		
Professional Services	11	4A	4W	(Self-care Management	97535	AJ		\$ 18.00	15 min	
	84	84		Training)						
Professional	73	73		Social Worker				\$		
Services	11	4A	4W	(Community/ Work Reintegration)	97537	AJ		\$ 18.00	15 min	
	84	84		Kemiegranon)						
	73	73		g . 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	

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		Pr	ofessio	onal Services (So	cial Wo	ork) (	conti	nued		
Professional	73	73		Social Worker				ф		
Services	11	4A	4W	(Home Visit,	99510	AJ		\$ 18.00	15 min	
	84	84		Sing/M/Fam Counseling)						
D., . 6	73	73		Social Worker				ф		
Professional Services	11	4A	4W	(Unlisted Home Visit	99600	AJ		\$ 18.00	15 min	
	84	84		Service or Procedure)						
D . 6	73	73		C 1 117				ф		
Professional Services	11	4A	4W	Social Worker (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)						
Duofossional	73	73		Social Worker				\$		
Professional Services	11	4A	4W	(Mental Health Services,	H0046	AJ		\$ 18.00	15 min	
	84	84		NOS)						
D., . 6	73	73		Cartal Wantan				ф		
Professional Services	11	4A	4W	Social Worker (Crisis Intervention)	H2011	AJ		\$ 18.00	15 min	
	84	84								
Professional	73	73		Social Worker				ф		
Services	11	4A	4W	(Skilled Training and	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	H2019	AJ		18.00	15 min	
	84	84		Service)						
Professional	73	73		Social Worker				\$		
Services	11	4A	4W	(Community-based Wrap	H2021	AJ		18.00	15 min	
	84	84		Around)						
			Pr	ofessional Service	es (Psy	cholo	gy)			
Donaft and	31	62, 95,96		Psychologist				ø		
Professional Services	11	4A	1	(Interactive Psychological Diagnostic	90791			\$ 31.25	15 min	
	84	84	1	Interview)				· · · · · ·		

ISSUED: 07/21/20 REPLACED: 05/11/20

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

PROVIDER SPEC ALLTY  MODIFIER 1  MODIFIER 2  MODIFIER 2  MODIFIER 2  MODIFIER 2  MODIFIER 2  MODIFIER 2  MODIFIER 3  MODIFIER 3  MODIFIER 4  MODIFIER 4  MODIFIER 5  MODIFIER 5  MODIFIER 5  MODIFIER 5  MODIFIER 7  MODIFIER	STANDARD UNIT OF SERVICE TIMITS  ANNUAL SERVICE TIMITS  ANNUAL SERVICE TIMITS							
Professional Services (Psychology) continued								
Professional 31 62, 95,96 Psychologist								
	15 min							
84 84								
Professional 31 62, 95,96 Psychologist 90846 \$								
Services 11 4A 4W (Family therapy without patient present) 90040 31.25	15 min							
84 84								
31   62, 95,96   Psychologist								
11 4A 4W (Special Family Therapy 90847 AH 3125 1	15 min							
84 84 w/ patient)								
Professional 31 62, 95,96 Psychologist \$								
Services 11 4A 4W (Group Psychotherapy) 90853 AH 31.25	15 min							
84 84								
Professional 31 62, Psychologist \$								
Services 11 4A 4W (Pharmacologic Management) 90863 31.25	15 min							
84 84								
Professional 31 62, 95,96 Psychologist \$								
Services 11 4A 4W (Psychological Testing by Psychologist 96130 31.25	15 min							
84 84 55, 33, 62,								
Professional 31 95,96 Psychologist								
Services 11 4A 4W (Psychological Testing by Tech) 96138 31.25	15 min							
84 84								
Professional 95,96 Psychologist State Olympropythological State Olympr	15 min							
Services 11 4A 96132 31.25	15 min							
84 84								
PROVIDER SUB-SPECIALTY  MODIFIER 1  MODIFIER 2  MODIFIER 2  MODIFIER 2  MODIFIER 2  MODIFIER 2  MODIFIER 2  MODIFIER 3  MODIFIER 4  MODIFIER 4  MODIFIER 5  MODIFIER 5  MODIFIER 6  MODIFIER 7  MODIFI	STANDARD UNIT OF SERVICE TIMIT SELVICE TIMITS							
Professional Services (Psychology) continued								
Professional 31 62, 95,96 Psychologist								
	15 min							
84 84 Training)								

ISSUED: 07/21/20 REPLACED: 05/11/20

# CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

		62,								
Professional Services	31	95,96	4W	Psychologist (Community/ Work Reintegration)	97537	АН		\$ 31.25	15 min	
	11	4A								
	84	84		,						
Professional Services	31	62, 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)			\$			
Services	11	4A			99510	AH		31.25	15 min	
	84	84								
Professional Services	31	62, 95,96	4W	Psychologist (Unlisted Home Visit Service or Procedure)	99600	АН		\$ 31.25	15 min	
	11	4A					3			
	84	84								
Professional - Services	31	62, 95,96	4W	Psychologist (Assertive Community Treatment Face to Face)	H0039	АН		\$ 31.25	15 min	
	11	4A					3			
	84	84								
Professional - Services	31	62, 95,96	4W	Psychologist (Mental Health Services, NOS)	H0046	АН				
	11	4A					31.25	15 min		
	84	84								
	31	62, 95,96	4W	Psychologist (Crisis Intervention)	H2011	АН			15 min	
Professional Services	11	4A					31.25	\$ 31.25		
Ser vices	84	84						01.20		
Professional Services	31	62, 95,96	4W	Psychologist (Psychosocial Rehab Services)	H2017	АН		4		
	11	4A					\$ 31.25	15 min		
	84	84								
Professional Services	31	62, 95,96	4W	Psychologist (Therapeutic Behavior Service)	H2019	АН	\$ 31.25	ф		
	11	4A						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								
	ı	_ <u> </u>								

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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
				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		<b>Dental</b> (Prohylaxis-Adult)	D1110			\$ 54.64	Per procedure	
		]	Perma	anent Supportive	Housi	ng Su	ıppoı	rts		
Permanent Supportive Housing	AW	\w		Housing Stabilization	Z0648			\$15.11	15 Min.	72 units annually
								\$60.44	1 Hour	
Permanent Supportive	AW	v		Housing Stabilization Transition	Z0649			\$15.11	15 Min.	93 units annually
Housing								\$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	