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APPENDIX E: BILLING CODES PAGE(S) 15

BILLING CODES

The following chart describes the codes and rates (effective July 1, 2012) 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	PROCEDURE 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			\$14.88	15 min	12 per month 144 annually
Case Management	45	81	4W	Support Coordination- High need	T1016	TG		\$14.88	15 min	24 per month 288 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			\$3.61	15 min	
Attendant Care Services	82	82	4W	Community Living Supports – 2 Persons	S5125	UN		\$2.90	15 min	
Attendant Care Services	82	82	4W	Community Living Supports – 3 persons	S5125	UP		\$2.41	15 min	
		Host 1	Home	Services-Children	n unde	r 18	(Resi	dential))	
Foster Care	84	84	4W	Host Home Level 1	S5140	НА		\$51.11	Per diem	
Foster Care	84	84	4W	Host Home Level 2	S5140	TF	НА	\$55.07	Per diem	
Foster Care	84	84	4W	Host Home Level 3	S5140	TG	НА	\$62.21	Per diem	
Foster Care	84	84	4W	Host Home Level 4	S5140	U2	НА	\$66.91	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
	J	Host I	Iome	Services-Adults 1	8 and	over	(Resi	idential)	
Foster Care Adult	84	84	4W	Host Home Level 1	S5140			\$51.11	Per diem	
Foster Care Adult	84	84	4W	Host Home Level 2	S5140	TF		\$55.07	Per diem	
Foster Care Adult	84	84	4W	Host Home Level 3	S5140	TG		\$62.21	Per diem	
Foster Care Adult	84	84	4W	Host Home Level 4	S5140	U2		\$66.91	Per diem	
			Con	npanion Care Serv	vices (F	Resido	entia	l)		
Companion Care, Adult	82	82	4W	Companion Care	S5136			\$39.58	Per diem	
				Living Services-N		_	_	_		
	Ι	Provi	ider 1	Leased or Owned	Reside	nce (Resid	lential)		
Habilitation, Residential	11	4A	4G	Shared Living – Level 1	T2016			\$79.47	Per diem	
Habilitation Residential	11	4A	4G	Shared Living – Level 2	T2016	TF	НQ	\$87.66	Per diem	
Habilitation Residential	11	4A	4G	Shared Living – Level 3	T2016	TG	НQ	\$100.47	Per diem	
Habilitation Residential	11	4A	4G	Shared Living – Level 4	T2016	U2	НQ	\$118.82	Per diem	
			Sh	ared Living-New	(Up to	3 pec	ple)			
	I	Partic	ipant	Leased or Owned	l Resid	ence	(Res	idential)	
Habilitation, Residential	11	4A	4L	Shared Living – Level 1	T2016	НQ		\$79.47	Per diem	
Habilitation Residential	11	4A	4L	Shared Living – Level 2	T2016	TF	HQ	\$87.66	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	` -	-	- '	ial) cont	tinued	
			Least	or owned Resi		(ICSI	ucit			
Habilitation Residential	11	4A	4L	Shared Living – Level 3	T2016	TG	HQ	\$100.47	Per diem	
Habilitation Residential	11	4A	4L	Shared Living – Level 4	T2016	U2	HQ	\$118.82	Per diem	
Shared	Livin	g-Cor	iversi	on/Provider Leas	ed or ()wne	d Re	sidence	(Residen	tial)
Residential Care, (NOS), Waiver	11	4A	4J	Shared Living – Level 1 Up to 4 people	T2033	UQ		\$59.66	Per diem	
Residential Care, (NOS), Waiver	11	4A	4J	Shared Living – Level 2 Up to 4 people	T2033	TF	UQ	\$67.66	Per diem	
Residential Care, (NOS), Waiver	11	4A	4J	Shared Living – Level 3 Up to 4 people	T2033	TG	UQ	\$81.92	Per diem	
Residential Care, (NOS), Waiver	11	4A	4J	Shared Living – Level 4 Up to 4 people	T2033	U2	UQ	\$107.39	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		\$59.66	Per diem	
Residential Care, (NOS), Waiver	11	4A	4Н	Shared Living – Level 2 Up to 4 people	T2033	TF	UQ	\$67.66	Per diem	
Residential Care, (NOS), Waiver	11	4A	4Н	Shared Living – Level 3 Up to 4 people	T2033	TG	UQ	\$81.92	Per diem	
Residential Care, (NOS), Waiver	11	4A	4Н	Shared Living – Level 4 Up to 4 people	T2033	U2	UQ	\$107.39	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
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 6 people	T2033			\$59.66	Per diem	
Residential Care, (NOS), Waiver	11	4A	4J	Shared Living – Level 2 Up to 6 people	T2033	TF	HQ	\$67.66	Per diem	
Residential Care, (NOS), Waiver	11	4A	4J	Shared Living – Level 3 Up to 6 people	T2033	TG	HQ	\$81.92	Per diem	
Residential Care, (NOS), Waiver	11	4A	4 J	Shared Living – Level 4 Up to 6 people	T2033	U2	НQ	\$107.39	Per diem	
Shared 1	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 6 people	T2033	HQ		\$59.66	Per diem	
Residential Care, (NOS), Waiver	11	4A	4Н	Shared Living – Level 2 Up to 6 people	T2033	TF	HQ	\$67.66	Per diem	
Residential Care, (NOS), Waiver	11	4A	4Н	Shared Living – Level 3 Up to 6 people	T2033	TG	HQ	\$81.92	Per diem	
Residential Care, (NOS), Waiver	11	4A	4Н	Shared Living – Level 4 Up to 6 people	T2033	U2	HQ	\$107.39	Per diem	
				Respite Se	rvices					
Respite Care Services	83	83		Respite Care Services- Out of Home	T1005	НQ		\$3.26	15 min	720 hours
			Pers	onal Emergency	Respor	se Sy	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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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	Serv	vices))		
Transportation	42	4X	4W	Transportation Regular -	Z5177			\$5.58	One-way	730
Local Trip	01 42	4A 4X		(Comm Access)				,		
Transportation -Local Trip (W/C)	01	4A 4A	4W	Transportation Wheel chair – (Comm Access)	Z5186			\$9.32	One-way	730
			A	daptation/Accessil	bility 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	RP			Per Item/ Repair	
Environmental Modifications	15	80		Environmental Accessibility Adaptations	Z0620				Per Service	
		l	L	Vocational So	ervices	5		L		
Supported Employment	98	98		Supported Employment, Individual Job and Assistance with Micro Enterprise	H2023	тт		\$2.51	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		\$25.10	2.5 hours	2 units per day
Non-Emergency Transportation	98	98		Regular Transportation for Supported Employment Services	T2003	SE		\$5.58	One way	
Non-Emergency Transportation	98	98		Wheel chair Transportation for Supported Employment Services	A0130	SE		\$9.32	One way	
Habilitation, Prevocational	13	36		Pre-Vocational	T2014	52		\$21.72	2.5 hours	10 units per week
Non-Emergency Transportation	13	36		Regular Transportation for Prevocational Services	T2003			\$5.58	One way	10 units per week

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HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB- SPECIAL TY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS
			7	ocational Service	es (con	tinue	d)			
Non-Emergency Transportation	13	36		Wheel chair Transportation for Prevocational Services	A0130			\$9.32	One way	10 units per week
Day Habilitation	14	50		Day Habilitation	T2020			\$17.86	2.5 hours	10 units per week
Non-Emergency Transportation	14	50		Regular Transportation for Day Habilitation	T2003	U6		\$5.58	One way	10 units per week
Non-Emergency Transportation	14	50		Wheel chair Transportation for Day Habilitation	A0130	U6		\$9.32	One way	10 units per week
				Nursing Se	rvices					
In Home	44	87		LPN-Intermittent				4== 0.4		
Nursing Care by LPN	11	4A	4W	Services (1 person)	G0154	TE		\$53.01	Per visit	
Services of Skilled Nurse In	44	87		LPN-Intermittent						
Home Health Setting	11	4A	4W	Services (up to 4 persons)	G0154	TE	TT	\$26.51	Per visit	
In Home	44	87		LPN-Extended Services						
Nursing Care by LPN	11	4A	4W	(1 person)	S9124			\$30.89	Per hour	
In Home	44	87	4W	LPN-Extended Services	S9124	тт		¢15.44	Per Hour	
Nursing Care by LPN	11	4A	4 **	(up to 2 persons)	59124	11		\$15.44	Per Hour	
RN Intermittent	44	87	4W	Nursing RN	G0154	TD		\$57.19	Per visit	
Services	11	4A	- , ,	(1 person)	3010			φε2	2 02 12020	
RN Extended Services	44	87	4W	Nursing RN	S9123	TT		\$16.41	Per hour	
Services	11	4A		(up to 2 persons)						
RN Extended Services	44	87	4W	Nursing RN (1 person)	S9123			\$32.82	Per hour	
	11 44	4A 87								
RN Intermittent Services	11	4A	4W	Nursing RN (up to 4 persons)	G0154	TD	TT	\$32.86	Per visit	
	11	7/1	j .]	l	l			

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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			\$8.69	15 min	
Professional Services	41,11, 84	4R	4W	Registered Dietician (Individual, Subsequent)	97803			\$8.69	15 min	
Professional Services	41,11, 84	4R	4W	Registered Dietician (Group)	97804			\$8.69	15 min	
			Profe	essional Services	(Speecl	h The	erapy	7)		
	39	71		Speech Therapy						
Professional Services	11	4A	4W	Evaluation of Speech Fluency	92521			\$20.27	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			\$20.27	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			\$20.27	15 min	
	84	84		comprehension and expression (e.g., receptive and expressive language)						
D 6 1 1	39	71		Speech Therapy						
Professional Services	11	4A	4W	Behavioral and Qualitative Analysis of	92524			\$20.27	15 min	
2	84	84		Voice and Resonance						
Professional	39	71		Speech Therapy						
Services	11	4A	4W	(Speech Language Hearing Therapy)	92507			\$20.27	15 min	
	84	84		ricaring Therapy)						
Professional	39	71	4777	Speech Therapy	02520			#20.27	45 .	
Services	11	4A	4W	(Laryngeal function studies)	92520			\$20.27	15 min	
	84	84		,				<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			\$20.27	15 min	
Ser vices	84	84		(Oral function therapy)						
D 6 : 1	39	71		Speech Therapy						
Professional Services	11	4A	4W	(Evaluation for non-	92605			\$20.27	15 min	
	84	84		speech device RX)						
Professional	39	71		Speech Therapy						
Services	11	4A	4W	(Non-speech device	92606			\$20.27	15 min	
	84	84		service)						
Professional	39	71		Speech Therapy						
Services	11	4A	4W	(Ex for speech device RX)	92607			\$20.27	15 min	
	84	84		ICA)						
Professional	39	71	4777	Speech Therapy	02610			420.25	45 .	
Services	11	4A	4W	(Evaluate swallowing function)	92610			\$20.27	15 min	
	39	84 71		, ,						
Professional	11	4A	4W	Speech Therapy	97530	GN		\$20.27	15 min	
Services	84	84	- "	(Therapeutic activities)	91330	GIV		\$20.27	13 11111	
	39	71								
Professional	11	4A	4W	Speech Therapy (Cognitive skills	97532	GN		\$20.27	15 min	
Services	84	84	1	development)				7-33-3		
		Pr	ofessi	onal Services (Oc	cupati	onal '	Ther	anv)		L
	37	74								
Professional	11	4A	4W	Occupational Therapy	97003			\$22.20	15 min	
Services	84	84	1	(OT Evaluation)	7.000			Ψ====	20	
	37	74								
Professional	11	4A	4W	Occupational Therapy	97004			\$22.20	15 min	
Services	84	84	1	(OT re-evaluation)						
	37	74		Occupational Therapy						
Professional	11	4A	4W	(Application of hot or	97010	GO		\$22.20	15 min	
Services	84	84	1	cold packs)						
Professional	37	74		Occupational Therapy						
Services	11 84	4A 84	4W	(Application of Traction, Mechanical)	97012	GO		\$22.20	15 min	
Professional	37	74		Occupational Therapy						
Services	11 84	4A 84	4W	(Application of electrical stimulation/ unattended)	97014	GO		\$22.20	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
	Pı	ofessi	ional S	Services (Occupa	tional '	Thera	apy) (continu	ed	
D., . f	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of paraffin	97018	GO		\$22.20	15 min	
	84	84		bath)						
Professional	37	74		Occupational Therapy						
Services	11	4A	4W	(Application of whirlpool)	97022	GO		\$22.20	15 min	
	84	84		wiiiripoor)						
Professional	37	74		Occupational Therapy						
Services	11	4A	4W	(Application of electrical stimulation/ manual)	97032	GO		\$22.20	15 min	
	84	84		<u> </u>						
Professional	37	74	4W	Occupational Therapy	97033	GO		\$22.20	15 min	
Services	84	4A 84	4 00	(Application of lontophoresis)	97033	GO		\$22.20	15 min	
	37	74		•						
Professional	11	4A	4W	Occupational Therapy (Application of	97035	GO		\$22.20	15 min	
Services	84	84	1	ultrasound)	77000			Ψ22.20	10 11111	
	37	74		0						
Professional	11	4A	4W	Occupational Therapy (OT Therapeutic	97110	GO		\$22.20	15 min	
Services	84	84		Procedure)						
	37	74								
Professional Services	11	4A	4W	Occupational Therapy (Massage therapy)	97124	GO		\$22.20	15 min	
Sel vices	84	84		(Wassage therapy)						
	37	74								
Professional Services	11	4A	4W	Occupational Therapy (Manual therapy)	97140	GO		\$22.20	15 min	
501 (1005	84	84		(Francial dierupy)						
Professional	37	74		O						
Services	11	4A	4W	Occupational Therapy (Therapeutic activities)	97530	GO		\$22.20	15 min	
	84	84		, ,						
Professional	37	74		Occupational Therapy						
Services	11	4A	4W	(Cognitive skills development)	97532	GO		\$22.20	15 min	
	84	84		истегоринени)						
Professional	37	74		Occupational Therapy				****		
Services	11	4A	4W	(Wheelchair management)	97542	GO		\$22.20	15 min	
	84	84		management)						

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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
			Profes	ssional Services (Physic	al Th	erap	y)		
Professional	35	65		Physical Therapy						
Services	11	4A	4W	(PT Evaluation)	97001			\$22.20	15 min	
	84	84								
Professional	35	65	4337	Physical Therapy	07002			¢22.20	15	
Services	11 84	4A 84	4W	(PT re-evaluation)	97002			\$22.20	15 min	
	35	65								
Professional	11	4A	4W	Physical Therapy (Application of hot or	97010	GP		\$22.20	15 min	
Services	84	84	1	cold packs)				7		
	35	65		Physical Therapy						
Professional Services	11	4A	4W	(Application of traction,	97012	GP		\$22.20	15 min	
Bervices	84	84		mechanical)						
Professional	35	65		Physical Therapy						
Services	11	4A	4W	(Application of electrical	97014	GP		\$22.20	15 min	
	84	84		stimulation/ unattended)						
Professional	35	65		Physical Therapy						
Services	11	4A	4W	(Application of paraffin bath)	97018	GP		\$22.20	15 min	
	35	84 65		- Cuilly						
Professional	11	4A	4W	Physical Therapy (Application of	97022	GP		\$22.20	15 min	
Services	84	84	- ***	whirlpool)	91022	GI		\$22.20	13 11111	
	35	65		DI 1 1/01						
Professional	11	4A	4W	Physical Therapy (Application of electrical	97032	GP		\$22.20	15 min	
Services	84	84		stimulation/ manual)						
	35	65		Physical Therapy						
Professional Services	11	4A	4W	(Application of	97033	GP		\$22.20	15 min	
221200	84	84		lontophoresis)						
Professional	35	65		Physical Therapy						
Services	11	4A	4W	(Application of ultrasound)	97035	GP		\$22.20	15 min	
	84	84		uittasouliu)						
Professional	35	65	4887	Physical Therapy	07110	CD		\$22.20	15	
Services	11 84	4A 84	4W	(Therapeutic Procedure)	97110	GP		\$22.20	15 min	
	35	65								
Professional	11	4A	4W	Physical Therapy (neuromuscular	97112			\$22.20	15 min	
Services	84	84	· '''	re-education)	71114			ψ ωωνυ	10 111111	
	35	65								
Professional Services	11	4A	4W	Physical Therapy (Gait training)	97116			\$22.20	15 min	
Services	84	84	1	(Gan training)						

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		Profe	essiona	al Services (Physi	cal Th	erapy	y) cor	ntinued		
D C	35	65		DI 1.170						
Professional Services	11	4A	4W	Physical Therapy (Massage therapy)	97124	GP		\$22.20	15 min	
	84	84								
Professional	35	65		Physical Therapy						
Services	11	4A	4W	(Manual therapy)	97140	GP		\$22.20	15 min	
	84	84								
Professional	35	65	4337	Physical Therapy	07520	CD		ф22.20	15	
Services	84	4A 84	4W	(Therapeutic activities)	97530	GP		\$22.20	15 min	
	35	65								
Professional	11	4A	4W	Physical Therapy (Wheelchair	97542	GP		\$22.20	15 min	
Services	84	84	1 7,,	Management)	71542	01		φ22.20	15 11111	
		1	Pro	ofessional Service	s (Soci	al W	ork)			
	73	73	110			ai vv		1		I
Professional	11	4A	4W	Social Worker	90847	AJ		\$17.38	15 min	
Services	84	84		(Family psychotherapy)	20047	AJ		φ17.36	13 11111	
	73	73								
Professional	11	4A	4W	Social Worker	90853	AJ		\$17.38	15 min	
Services	84	84		(Group psychotherapy)						
	73	73		Social Worker						
Professional Services	11	4A	4W	(Assess Hlth/ Behave,	96150	AJ		\$17.38	15 min	
Ser vices	84	84		Init)						
Professional	73	73		Social Worker						
Services	11	4A	4W	(Self-care Management	97535	AJ		\$17.38	15 min	
	84	84		Training)						
Professional	73	73	47	Social Worker	0====				4.	
Services	11	4A	4W	(Community/ Work Reintegration)	97537	AJ		\$17.38	15 min	
	84	84		Social Worker						
Professional	73	73	4W	(Home visit assistance	99509	A T		¢17 20	15 min	
Services	11 84	4A 84	-+ **	w/ADL's and personal	77307	AJ		\$17.38	15 min	
	73	73		care)						
Professional	11	4A	4W	Social Worker (Home Visit,	99510	AJ		\$17.38	15 min	
Services	84	84		Sing/M/Fam Counseling)						
	73	73		Social Worker						
Professional Services	11	4A	4W	(Unlisted Home Visit	99600	AJ		\$17.38	15 min	
Bei vices	84	84		Service or Procedure)						

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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
		Pr	ofessi	onal Services (So	cial Wo	ork) (conti	nued		
	73	73								
Professional Services	11	4A	4W	Social Worker (HHCP-SVS of CSW)	G0155			\$17.38	15 min	
Scrvices	84	84		(TITIET-5 V5 OF C5 W)						
	73	73		Social Worker						
Professional Services	11	4A	4W	(Assertive Community	H0039	AJ		\$17.38	15 min	
561 (1665	84	84		treatment face to face)						
D.,, f.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	73	73		Social Worker						
Professional Services	11	4A	4W	(Mental Health Services,	H0046	AJ		\$17.38	15 min	
	84	84		NOS)						
Professional	73	73		Social Worker						
Services	11	4A	4W	(Crisis Intervention)	H2011	AJ		\$17.38	15 min	
	84	84								
Professional	73	73		Social Worker				***		
Services	11	4A	4W	(Skilled Training and Development)	H2014			\$17.38	15 min	
	84	84		· · · · · · · · · · · · · · · · ·						
Professional	73	73 4A	4W	Social Worker	H2017	AJ		\$17.38	15 min	
Services	84	4A 84	4 **	(Psychosocial Rehab Services)	H2017	AJ		\$17.38	15 min	
	73	73								
Professional	11	4A	4W	Social Worker (Therapeutic Behavior	H2019	AJ		\$17.38	15 min	
Services	84	84	1	Service)	112019	110		Ψ17.50	10 11111	
	73	73		Carial Washess						
Professional	11	4A	4W	Social Worker (Community-based Wrap	H2021	AJ		\$17.38	15 min	
Services	84	84		Around)						
		•	Pr	ofessional Service	es (Psy	cholo	gy)		1	<u> </u>
	21	62,			1					
Professional	31	95,96	4W	Psychologist	90801			\$30.17	15 min	
Services	11	4A	4**	(Diagnostic Interview)	90001			\$30.17	15 11111	
	84	84			ļ					
Professional	31	62, 95,96	4W	Psychologist (Interactive	90802			\$30.17	15 min	
Services	11	4A	- **	Psychological Diagnostic	20002			φ30.17	13 11111	
	84	84		Interview)						
Professional	31	62, 95,96	4W	Psychologist (Individual	90806			\$30.17	15 min	
Services	11	4A	7**	Psychotherapy)	70000			φ50.17	15 11111	
	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
Professional Services (Psychology) continued										
	31	62, 95,96	4W	Psychologist (Individual Psychotherapy, Utilizing Equipment/ Devices)	90812			\$30.17	15 min	
Professional Services	11	4A								
	84	84								
D 6 1 1	31	62, 95,96		Psychologist (Family psychotherapy)						
Professional Services	11	4A	4W		90846			\$30.17	15 min	
	84	84								
D 6	31	62, 95,96		Psychologist (Special Family Therapy)	90847	AH	\$30.			
Professional Services	11	4A	4W					\$30.17	15 min	
	84	84								
	31	62, 95,96		Psychologist (Group Psychotherapy)		AH		\$30.17	15 min	
Professional Services	11	4A	4W		90853					
	84	84								
D 6 1 1	31	62, 95,96	4W	Psychologist (Interactive Group Psychotherapy)				\$30.17	15 min	
Professional Services	11	4A			90857					
	84	84								
D C	31	62, 95,96	4W	Psychologist (Pharmacologic Management)	90862				15 min	
Professional Services	11	4A						\$30.17		
	84	84								
Duefeccional	31	62, 95,96		Psychologist (Psychological Testing by Psychologist	96101		\$30.1′			
Professional Services	11	4A	4W					\$30.17	15 min	
	84	84								
Drofossional	31	62, 95,96	4W	Psychologist (Psychological Testing by Tech)					15 min	
Professional Services	11	4A			96102			\$30.17		
	84	84								
Professional Services	31	62, 95,96	4W	Psychologist (Neuropsychological testing)			\$30.17			
	11	4A			96118			15 min		
	84	84								
Professional	31	62, 95,96	4W	Psychologist (Assess Hlth/Behave, Init)	96150	AH		\$30.17	15 min	
Services	11	4A								
	84	84								
Professional Services	31	62, 95,96	4W	Psychologist (Self-care Management Training)	97535	АН		\$30.17	15 min	
	11	4A								
	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
Professional Services (Psychology) continued										
	31	62, 95,96		Psychologist (Community/ Work Reintegration)	97357	AH			15 min	
Professional Services	11	4A	4W					\$30.17		
	84	84								
Professional	31	62, 95,96		Psychologist (Home visit for Assistance with ADL's and Personal Care)	99509		\$30.17			
Services	11	4A	4W			AH		15 min		
	84	84								
Professional	31	62, 95,96	4W	Psychologist (Home Visit, Sing/M/Fam Counseling)	99510	AH		\$30.17	15 min	
Services	11	4A				AII				
Professional Services	84 31	84 62,	4W	Psychologist (Unlisted Home Visit Service or Procedure)	99600 A				15 min	
	11	95,96 4A				AH	\$30.17	\$30.17		
	84	84								
	31	62, 95,96	4W	Psychologist (Assertive Community Treatment Face to Face)		АН			15 min	
Professional Services	11	4A			H0039		\$30.17	\$30.17		
	84	84								
Professional	31	62, 95,96	4W	Psychologist (Mental Health Services, NOS)	H0046	АН		\$30.17	15 min	
Services	11	4A								
	84	84								
Professional	31	62, 95,96	4W	Psychologist (Crisis Intervention)	H2011	АН		\$30.17	15 min	
Services	84	4A 84								
	31	62,	4W	Psychologist (Psychosocial Rehab Services)	H2017 AF		АН	\$30.17	15 min	
Professional Services	11	95,96 4A				AH				
	84	84								
Duofossions	31	62, 95,96	4W	Psychologist (Therapeutic Behavior Service)	H2019 A			\$30.17	15 min	
Professional Services	11	4A				AH				
	84	84								
Professional Services	31	62, 95,96	4W	Psychologist (Community-based Wrap Around)	112021	АН		\$30.17	15 min	
	11	4A			H2021					
	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 Services										
Dental	27	19, 66, 67, 68		Dental (Periodic Oral Examination, Patient of Record)	D0120			\$30.95	Per procedure	
Dental	27	19, 66, 67, 68		Dental (Comprehensive Oral Examination, New Patient)	D0150			\$53.47	Per procedure	
Dental	27	19, 66, 67, 68		Dental (Radiographs, Complete Series including Bitewings)	D0210			\$67.72	Per procedure	
Dental	27	19, 66, 67, 68		Dental (Prohylaxis-Adult)	D1110			\$52.77	Per procedure	