CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES PAGE(S) 17

BILLING CODES

The following chart describes the codes and rates that are to be used with the Residential Options Waiver (ROW). 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 Co	ordinati	on				
Case Management	45	81	4W	Support Coordination	T1016			\$176.79	1 flat monthly	12 annually
				Transition	Funding	g				
Community Transition Waiver	2	4A		One time transition service	T2038			\$3000		Life time maximum limit
			Comi	nunity Living Su	pports (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-Childr	en unde	er 18	(Resi	dential)		
Foster Care	84	84	4W	Host Home Level	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	

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
		Host 1	Home	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	
			Con	npanion Care Serv	vices (F	Resido	ential)		
Companion Care, Adult	82	82	4W	Companion Care	S5136			\$92.02	Per diem	
				Living Services-		_		=		
	I	Prov	ider l	Leased or Owned	Reside	nce (Resid	lential)	Γ	Γ
Habilitation, Residential	11	4A	4G	Shared Living – Level 1	T2016			\$82.33	Per diem	
Habilitation Residential	11	4A	4G	Shared Living – Level 2	T2016	TF	НQ	\$90.81	Per diem	
Habilitation Residential	11	4A	4G	Shared Living – Level 3	T2016	TG	HQ	\$104.08	Per diem	
Habilitation Residential	11	4A	4G	Shared Living – Level 4	T2016	U2	НQ	\$123.09	Per diem	
			Sh	ared Living-New	(Up to	3 pec	ple)			
]	Partic	ipant	Leased or Owned	l Resid	ence	(Res	idential)	
Habilitation, Residential	11	4A	4L	Shared Living – Level 1	T2016	HQ		\$82.33	Per diem	
Habilitation Residential	11	4A	4L	Shared Living – Level 2	T2016	TF	HQ	\$90.81	Per diem	

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
	Partic	rinant		ared Living-New ed or Owned Resi	` -	-	• '	ial) cont	tinued	
		punt	Zeas	cu or o when ites		(11051				
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	versi	on/Provider Leas	ed or C	wne	d Res	sidence	(Resident	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	4 J	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 Ro	esidence	e (Resider	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	

ISSUED: REPLACED:

xx/xx/25 02/28/24

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES

PAGE(S) 17

HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB- SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANN UAL SERV ICE LIMI TS
				Respite Serv	rices					
Respite Care Services	83	83		Respite Care Services- Out of Home	T1005	HQ		\$3.50	15 min	720 hours
			P	ersonal Emergenc System	y Resp	onse	!			
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	
			Tran	sportation (Reside	ential S	Servi	ces)			
Transportation	42	4X	4W	Transportation Regular -	T2001	U1		\$5.58	One-way	730
Local Trip		4A		(Comm Access)	12001			φυισο	One-way	750
Transportation -Local Trip	42	4X 4A	4W	Transportation Wheel chair –	A0090			\$9.32	One-way	730
(W/C)			Ad	(Comm Access)	lity Se	ervice	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	S5165				Per Service	
Remote Supports	17	91		Mobile Emergency response system Purchase	S5162				One Time	
Remote Supports	<u>17</u>	<u>91</u>		Mobile Emergency Response System Purchase	<u>S5162</u>	XU		\$50.00	Monthly	
Remote Supports	<u>17</u>	<u>91</u>		Assistive Technology Supports Consultation	<u>T2035</u>			\$200	One time per POC Year	Cannot be provided in same POC year as T1028

ISSUED: REPLACED:

xx/xx/25 02/28/24

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
			A	daptation/Accessi	bility S	Servic	es			
Remote Supports	17	91		Home environment assessment	T1028			\$450.00	One Time	Cannot be provided in same POC year as T2035
Remote Supports	17	91		Med reminder serv per month	S5185			\$75.00	Monthly	J
Remote Supports	17	91		Monitoring feature/device noc	A9279				One Time	
Remote Supports	17	91		Monitoring feature/device noc interactive audio and video	A9279	GT			One Time	
Remote Supports	17	91		Alert device, noc	A9280				One Time	
Incontinence Supplies	17	91		Adult size brief/diaper sm	T4521			\$0.50		
Incontinence Supplies	17	91		Adult size brief/diaper med	T4522			\$0.60		
Incontinence Supplies	17	91		Adult size brief/diaper lg	T4523			\$0.87		
Incontinence Supplies	17	91		Adult size brief/diaper xl	T4524			\$0.87		
Incontinence Supplies	17	91		Adult size pull-on sm	T4525			\$0.85		
Incontinence Supplies	17	91		Adult size pull-on med	T4526			\$0.85		
Incontinence Supplies	17	91		Adult size pull-on lg	T4527			\$0.94		
Incontinence Supplies	17	91		Adult size pull-on xl	T4528			\$1.17		

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
			A	daptation/Accessi	bility S	Servic	es			
Incontinence Supplies	17	91		Disposable liner/shield/pad	T4535			\$0.46		
Incontinence Supplies	17	91		Large disposable underpad	T4541			\$0.46		
Incontinence Supplies	17	91		Small disposable underpad	T4542			\$0.46		
Incontinence Supplies	17	91		Adult disp brief/diap abv xl	T4543			\$2.49		
Incontinence Supplies	17	91		Adlt disp und/pull on abv xl	T4544			\$2.49		
Incontinence Supplies	17	91		Incon disposable penile wrap	T4545			\$1.25		
Incontinence Supplies	17	91		Reusable pull-on any size	T4536			\$0.76		
Incontinence Supplies	17	91		Reusable underpad bed size	T4537			\$8,73		
Incontinence Supplies	17	91		Reusable diaper/brief any size	T4539			\$2.49		
Incontinence Supplies	17	91		Reusable underpad chair size	T4540			\$10.00		
			Day a	nd Employment V	ocatio	nal Se	rvic	es	<u> </u>	<u> </u>
Supported Employment	98	98		Supported Employment, Individual Job and Assistance with Micro Enterprise in a 1:1 ratio	H2023	ŦŦ		\$15.00	15 min	Up to 8 Units per day
Supported Employment	98	98		Supported Employment Virtual Delivery of Individual Job Follow Along 1:1 ratio	H2023	GT		\$13.63	15 Min	240 units per POC year

LOUISIANA MEDICAID PROGRAM

ISSUED: xx/xx/25 REPLACED: 02/28/24

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
			Day a	nd Employment <mark>-</mark> V	ocatio	nal Se	rvic	es		
Supported Employment	98	98		Supported Employment, Mobile Crew or EnclaveGroup Employment	H202 <u>5</u> 6			\$2.7 <u>6</u> 3	15 Min	32 Units per Day
Supported Employment	98	<u>98</u>		Work Based Learning Experience	H2023	<u>UK</u>	<u>UI</u>	\$175.00	Per Assessment	3
Supported Employment	98	<u>98</u>		Job Development/Job Placement	<u>H2023</u>	<u>U1</u>		\$20.00	15 minute	480 units
Supported Employment	98	98		Initial Job Support And Job Stabilization	<u>H2023</u>	<u>TS</u>	<u>U1</u>	<u>\$18.50</u>	15 minute	1,920
Supported Employment	98	98		Extended On The Job Supports	<u>H2023</u>	TT	<u>U1</u>	\$15.00	15 minute	2,500
Supported Employment	98	98		Follow Along Job Supports	<u>H2026</u>	<u>U1</u>		<u>\$70.00</u>	Per Diem	<u>48</u>
Supported Employment	98	98		Virtual Delivery of Follow Along Job Supports	<u>H2023</u>	<u>GT</u>	<u>U1</u>	<u>\$13.63</u>	15 minute	<u>960</u>
Non-Emergency Transportation	98	98		Regular Transportation for Supported Employment Services	T2002			\$20.00	Per Day	
Habilitation, Prevocational	13	36		Pre-Vocational Onsite in a 1:5-8 ratio	T2025			\$2.39	15 Min	32 Units per Day. shared among all H2014 codes
Non-Emergency Transportation	13	36		Regular Transportation for Prevocational Services	T2002			\$20.00	Per Day	
Habilitation, Prevocational	13	36		Virtual Delivery of Pre-Vocational in a 1:5-8 ratio	T2025	GT		\$2.98	15 Min	32 Units per Day, shared among all H2014 codes

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

Habilitation, Prevocational	13	36	Community Career Planning in a ratio of 1:2-4 ratio	T2025	UQ	\$4.50	15 Min	32 Units per Day, shared among all H2014 codes
Habilitation, Prevocational	<u>13</u>	<u>36</u>	Community Career Planning in a ratio of 1:1 ratio	<u>H2014</u>	TT	\$5.00	<u>15 min</u>	32 Units per Day, shared among all H2014 codes
Day Habilitation	14	50	Day Habilitation Onsite in a 1:5-8 ratio	T2021		\$2.48	15 Min	32 Units per Day shared among all T2021 codes
Day Habilitation	14	50	Virtual Delivery of Day Habilitation 1: 5-8 ratio	T2021	GT	\$2.98	15 Min	Up to 20 Units per day32 Units per Day shared among all T2021 codes
Day Habilitation	14	50	Community Life Engagement in a Ratio of 1: 1 ratio	T2021	тт	\$4.75	15 Min	32 Units per Day shared among all T2021 codes32 Units per Day
Day Habilitation	14	50	Community Life Engagement in a Ratio of 1: 2-4 ratio	T2021	UQ	\$4.00	15 Min	32 Units per Day shared among all T2021 codes
Non-Emergency Transportation	14	50	Regular Transportation for Day Habilitation	T2002		\$20.00	Per Day	
Day Habilitation	14	<u>50</u>	Community Life Engagement Development (1:1 ratio)	T2025	<u>U1</u>	<u>\$7.00</u>	15 minute	240 shared among all T2025 codes
Day Habilitation	<u>14</u>	<u>50</u>	Community Life Engagement Development (1:2 ratio)	T2025	<u>UN</u>	\$4.00	15 minute	shared among all T2025 codes
Day Habilitation	14	<u>50</u>	Community Life Engagement Development (1:3 ratio)	<u>T2025</u>	<u>UP</u>	\$3.00	15 minute	240 shared among all T2025 codes

LOUISIANA MEDICAID PROGRAM

ISSUED: xx/xx/25 REPLACED: 02/28/24

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	ANNUA L SERVIC E
	PRC	PR(SUB		Ā	2	Σ		STA	LIMITS
				Nursing Se	rvices					
In Home	44	87	4***	LPN-Intermittent				_		
Nursing Care by LPN	11	4A	4W	Services (1 person)	G0300			,l \$71.44	Per visit	
Services of Skilled Nurse In	44	87	4W	LPN-Intermittent Services						
Home Health Setting	11	4A		(up to 4 persons)	G0300	TT		\$35.70	Per visit	
In Home Nursing Care	44	87	4W	LPN-Extended Services	S9124					
by LPN	11	4A	411	(1 person)	89124			\$41.60	Per hour	
In Home Nursing Care	44	87	4W	LPN-Extended Services	S9124	ТТ				
by LPN	11	4A	411	(up to 2 persons)	39124	11		\$20.80	Per Hour	
RN Intermittent	44	87	4W	Nursing RN						
Services	11	4A	711	(1 person)	G0299			\$89.51	Per visit	
RN Extended	44	87	4W	Nursing RN	S9123	ТТ				
Services	11	4A	777	(up to 2 persons)	37123	11		\$21.10	Per hour	
RN Extended	44	87	4W	Nursing RN	S9123					
Services	11	4A	777	(1 person)	37123			\$44.20	Per hour	
RN Intermittent	44	87	4W	Nursing RN		ТТ				
Services	11	4A	711	(up to 4 persons)	G0299	11		\$44.62	Per visit	

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	Profess	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	

			Prof	essional Services	(Speecl	h Therapy	v)		
	39	71		Speech Therapy Evaluation of Speech					
Professional Services	11	4A	4W	Fluency (e.g. stuttering,	92521		\$21.00	15 min	
	84	84		cluttering)					
	39	71		Speech Therapy Evaluation of Speech					
Professional Services	11	4A	4W	sound production (e.g. articulation,	92522		\$21.00	15 min	
	84	84		phonological process, apraxia, dysarthria)					
	39	71		Speech Therapy Evaluation of Speech Sound Production (e.g., articulation,					
Professional Services	11	4A	4W	phonological process, apraxia, dysarthria) with evaluation of language	92523		\$21.00	15 min	
	84	84		comprehension and expression (e.g., receptive and expressive language)					
Professional	39	71		Speech Therapy Behavioral and					
Services	11	4A	4W	Qualitative Analysis of	92524		\$21.00	15 min	
	84	84		Voice and Resonance					
Professional	39	71	4	Speech Therapy					
Services	84	4A 84	4W	(Speech Language Hearing Therapy)	92507		\$21.00	15 min	
	39	71							
Professional	11	4A	4W	Speech Therapy (Laryngeal function	92520		444.05		
Services	84	84		studies)			\$21.00	15 min	

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	fession	nal Services (Spee	ch The	erapy) con	tinued				
Professional 39 71 Speech Therapy 92526												
Professional Services	11	4A	4W	(Oral function therapy)	92526			\$21.00	15 min			
	84	84						•	-			
Professional	39	71		Speech Therapy								
Services	11	4A	4W	(Evaluation for non-	92605			\$21.00	15 min			
	84	84		speech device RX)								
Professional	39	71	1	Speech Therapy								
Services	11	4A	4W	(Non-speech device service)	92606			\$21.00	15 min			
	84	84		Sci vice)								
Professional	39	71	4557	Speech Therapy	02/07							
Services	11 84	4A 84	4W	(Ex for speech device RX)	92607			\$21.00	15 min			
	39			,								
Professional	11	71 4A	4W	Speech Therapy (Evaluate swallowing	92610							
Services	84	84	4**	function)	92010			\$21.00	15 min			
	39	71										
Professional	11	4A	4W	Speech Therapy	97530	GN						
Services	84	84	1	(Therapeutic activities)	7,000	O. (\$2.00	15 min			
	39	71		G 1 FF								
Professional	11	4A	4W	Speech Therapy (Cognitive skills	97129	GN		444.00				
Services	84	84		development)				\$21.00	15 min			
		Pr	rofessi	onal Services (Oc	cupati	onal '	Ther	apv)				
	37	74		•								
Professional	11	4A	4W	Occupational Therapy (OT Evaluation low				****				
Services	84	84	1	complex 30 min)	97165			\$44.40	30 min			
Professional	37	74	4W	Occupational Therapy								
Services	11	4A		(OT Evaluation mod	97166			\$66.60	45 min			
	84	84		complex 45min)								
Professional Services	37	74 4A	4W	Occupational Therapy (OT Evaluation high	97167			\$88.80	60 min			
Sel vices	84	84		complex 60 min)	9/10/			\$00.00	OU IIIII			
	37	74		Occupational Therapy								
Professional Services	11	4A	4W	(OT re-evaluation est	07140			\$22.00	15			
Services	84	84	1	plan of care)	97168			\$23.00	15 min			
	37	74		Occupational Therapy								
Professional Services	11	4A	4W	(Application of hot or	97010	GO		\$23.00	15 min			
Sei vices	84	84	1	cold packs)				\$43.UU	13 111111			
Professional	37	74		Occupational Therapy								
Services	11 84	4A 84	4W	(Application of Traction, Mechanical)	97012	GO		\$23.00	15 min			
	ŏ4	ŏ4		iviecnanicai)		<u> </u>						

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 (Occupational Therapy) continued											
Professional	37 11	74 4A	4W	Occupational Therapy	97014	GO					
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		
Bervices	84	84		bath)				φ23.00	13 11111		
D 6 1 1	37	74		Occupational Therapy							
Professional Services	11	4A	4W	(Application of	97022	GO		\$23.00	15 min		
Ser vices	84	84		whirlpool)				Ψ20100	10 11111		
Professional	37	74		Occupational Therapy							
Services	11	4A	4W	(Application of electrical stimulation/ manual)	97032	GO		\$23.00	15 min		
	84	84									
Professional	37	74	4W	Occupational Therapy (Application of iontophoresis)							
Services	11	4A			97033	GO		\$23.00	15 min		
	84	84		iontophoresis)							
Professional	37	74	4W	Occupational Therapy (Application of ultrasound)							
Services	11	4A			97035	GO		\$23.00	15 min		
	84	84		uniasouna)							
Professional	37	74		4W Occupational Therapy (OT Therapeutic 9711 Procedure)							
Services	11	4A	4W		97110	GO		\$23.00	15 min		
	84	84		Troccdure)							
Professional	37	74	4***	Occupational Therapy	0=101	~~					
Services	11	4A	4W	(Massage therapy)	97124	GO		\$23.00	15 min		
	84	84									
Professional	37 11	74 4A	4W	Occupational Therapy	97140	GO					
Services	84	4A 84	- **	(Manual therapy)	9/140	60		\$23.00	15 min		
	37	74									
Professional	11	4A	4W	Occupational Therapy	97530	GO					
Services	84	84	4W	(Therapeutic activities)	71330			\$23.00	15 min		
	37	74		0 4 1777							
Professional	11	4A	4W	Occupational Therapy (Cognitive skills		GO		***			
Services	84	84		development)	97129	GU		\$23.00	15 min		
	37	74		0							
Professional	11	4A	4W	Occupational Therapy (Wheelchair	97542	GO		#22.00	15 .		
Services	84	84		management)				\$23.00	15 min		

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 (Physical Therapy)											
	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			Ψ22.00	20 11111			
Professional	35	65		Physical Therapy								
Services	11 84	4A 84	4W	(PT Evaluation mod complex 30 min)	97162			\$44.40	30 min			
Professional	35	65		Physical Therapy								
Services	11	4A	4W	(PT Evaluation high	97163			\$66.60	45 min			
	84	84		complex 45 min)								
Professional	35	65		Physical Therapy								
Services	11	4A	4W	(PT re-evaluation est plan of care)	97164		\$23	\$23.00	15 min			
	84	84						7-2777				
D 6 1 1	35	65		Physical Therapy								
Professional Services	11	4A	4W	(Application of hot or	97010	GP	\$23.00		15 min			
	84	84		cold packs)				7-0101				
	35	65		Physical Therapy								
Professional Services	11	4A	4W	(Application of traction,	97012	GP		\$23.00	15 min			
Ser vices	84	84		mechanical)				Ψ20.00	10 11111			
	35	65		Physical Therapy	97014 GP							
Professional Services	11	4A	4W			GP		\$23.00	15 min			
Services	84	84						φ23.00	13 11111			
	35	65		Physical Therapy								
Professional Services	11	4A	4W		97018	GP	\$	\$23.00	15 min			
Services	84	84					\$23.00	15 111111				
	35	65		Physical Therapy								
Professional	11	4A	4W	(Application of	97022	GP		¢22.00	15 min			
Services	84	84		whirlpool)				\$23.00	15 min			
	35	65		Physical Therapy								
Professional	11	4A	4W	(Application of electrical	97032	GP		daa 00	15			
Services	84	84		stimulation/ manual)				\$23.00	15 min			
	35	65		Dhysical Thorony								
Professional	11	4A	4W	Physical Therapy (Application of	97033	GP		444.00	4.			
Services	84	84	1	iontophoresis)				\$23.00	15 min			
	35	65		Dhygical Tl								
Professional	11	4A	4W	Physical Therapy (Application of	97035	GP		###				
Services	84	84		ultrasound)		GI		\$23.00	15 min			
	35	65										
D 6	11	4A	:	DI + 1277								
Professional Services	84	84	4W	Physical Therapy (Therapeutic Procedure)	97110	GP		\$23.00	15 min			

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 (Physi	ical Th	erapy	y) coi	ntinued		
	35	65		Physical Therapy						
Professional Services	11	4A	4W	(neuromuscular	97112			\$23.00	15 min	
Services	84	84		re-education)				Ψ25.00	13 11111	
D 6	35	65		DI . 170						
Professional Services	11	4A	4W	Physical Therapy (Gait training)	97116			\$23.00	15 min	
	84	84		(-	
D	35	65		DL:1 TL						
Professional Services	11	4A	4W	Physical Therapy (Massage therapy)	97124	GP		\$23.00	15 min	
	84	84								
Professional	35	65		Physical Therapy (Manual therapy)	97140	GP				
Services	11	4A	4W					\$23.00	15 min	
	84	84								
Professional	35	65	1	Physical Therapy						
Services	11	4A	4W	(Therapeutic activities)	97530	GP		\$23.00	15 min	
	84	84								
Professional	35	65	4W	Physical Therapy (Wheelchair 97542 Management)						
Services	11	4A			97542	GP		\$23.00	15 min	
	84	84		Widilagement)						
			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	
Sel vices	84	84								
	73	73								
	11	4A								
Professional Services	84	84	4W	Social Worker (Group psychotherapy)	90853	AJ		\$18.00	15 min	
Services				(Group psycholiciapy)				Ψ10.00	10 11111	
	5 0	5 0								
Professional	73	73	4557	Social Worker	07525					
Services	11	4A	4W	(Self-care Management Training)	97535	AJ		\$18.00	15 min	
	84	84								
Professional	73	73	4557	Social Worker	07525					
Services	11	4A	4W	(Community/Work Reintegration)	97537	AJ		\$18.00	15 min	
	84	84		6/						
	73	73	-	Coe!-1 337 1						
Professional	11	4A	4	Social Worker (Home visit assistance	00=00					
Services	84	84	4W	w/ADL's and personal care)	99509	AJ		\$18.00	15 min	

HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB- SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS	
Professional Services (Social Work) continued											
Professional	73	73		Social Worker							
Services	11	4A	4W	(Home Visit,	99510	AJ		\$18.00	15 min		
	84	84		Sing/M/Fam Counseling)							
Professional	73	73		Social Worker							
Professional Services	11	4A	4W	(Unlisted Home Visit Service or Procedure)	99600	AJ		\$18.00	15 min		
	84	84									
Professional	73	73	4***	Social Worker	G04.						
Services	11	4A	4W	(HHCP-SVS of CSW)	G0155		\$18.00	\$18.00	15 min		
	84	84									
Professional	73	73 4A	4W	Social Worker (Assertive Community	H0039 A.	A T		\$18.00	15 min		
Services	84	4A 84		treatment face to face)	110039	AJ					
	73	73		· · · · · · · · · · · · · · · · · · ·							
Professional	11	4A	4W	Social Worker (Mental Health Services, H0	H0046	AJ					
Services	84	84		NOS)	110010	110		\$18.00	15 min		
	73	73									
Professional	11	4A	4W	Social Worker	H2011	AJ		#10.00			
Services	84	84		(Crisis Intervention)				\$18.00	15 min		
	73	73		G * 1 XV - 1							
Professional	11	4A	4W	Social Worker (Skilled Training and Development)	H2014			¢10 00	15		
Services	84	84						\$18.00	15 min		
	73	73		Social Worker							
Professional Services	11	4A	4W	(Psychosocial Rehab	H2017	AJ		\$18.00	15 min		
501 (1005	84	84		Services)				Ψ10.00	10 111111		
D6 1	73	73		Social Worker							
Professional 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 Around)	H2021	AJ		\$18.00	15 min		
	84	84		Atoulia)			<u> </u>				
			Pr	ofessional Service	es (Psy	cholo	ogy)				
Professional	31	62, 95,96		Psychologist (Interactive							
Services	11	4A		Psychological Diagnostic	90791			\$31.25	15 min		
	84	84		Interview)							

HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB- SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS	
	Professional Services (Psychology) continued										
	31	62, 95,96		Psychologist							
Professional Services	11	4A	4W	(Individual	90832			\$31.25	15 min		
Ser vices	84	84		Psychotherapy)	70002			ψο1020	10 11111		
Professional	31	62, 95,96		Psychologist	90846						
Services	11	4A	4W	(Family therapy without patient present)	20040		\$	\$31.25	15 min		
	84	84									
Professional	31	62, 95,96	4W	Psychologist (Special Family Therapy w/ patient)							
Services	11	4A			90847	AH		\$31.25	15 min		
	84	84									
Professional	31	62, 95,96	4W	Psychologist (Group Psychotherapy)							
Services	11	4A			90853	AH		\$31.25	15 min		
	84	84									
Professional	31	62, 95,96		Psychologist	90863						
Services	11	4A	4W	(Pharmacologic Management)				\$31.25	15 min		
	84	84									
Professional	31	62, 95,96	4887	Psychologist							
Services	11	4A	4W	(Psychological Testing by Psychologist	96130			\$31.25	15 min		
	84	84		,							
Professional	31	62, 95,96	4887	Psychologist							
Services	11	4A	4W	(Psychological Testing by Tech)	96138			\$31.25	15 min		
	84	84		,							
Professional	31	62, 95,96	4W	Psychologist (Neuropsychological							
Services	11	4A	411	(Neuropsychological testing)	96132			\$31.25	15 min		
	84	84		testing)							

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	(Self-care Management	97535	AH		\$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		Ttomicgrumon)								
Professional	31	62, 95,96		Psychologist (Home visit for								
Services	11	4A	4W	Assistance with ADL's and Personal Care)	99509	AH		\$31.25	15 min			
	84	84										
Professional	31	62, 95,96	4W	Psychologist								
Services	11	4A		(Home Visit, Sing/M/Fam Counseling)	99510	AH		\$31.25	15 min			
	84	84		Sing/W/Fam Counseinig)								
Professional	31	62, 95,96	4W	Psychologist								
Services	11	4A		(Unlisted Home Visit Service or Procedure)	99600	AH		\$31.25	15 min			
	84	84										
Professional	31	62, 95,96	4W	Psychologist (Assertive Community Treatment Face to Face)	H0039	AH						
Services	11	4A			11000	1111		\$31.25	15 min			
	31	84 62,										
Professional	11	95,96 4A	4W	Psychologist (Mental Health Services,	H0046	AH		#21.25	15			
Services	84	84		NOS)				\$31.25	15 min			
	31	62, 95,96										
Professional Services	11	4A	4W	Psychologist (Crisis Intervention)	H2011	AH		\$31.25	15 min			
	84	84		(22222 2222 , 20000)				402120	22 11111			
Professional	31	62, 95,96		Psychologist								
Services	11	4A	4W	(Psychosocial Rehab Services)	H2017	AH		\$31.25	15 min			
	84	84		Services)								
Professional	31	62, 95,96	45	Psychologist								
Services	11	4A	4W	(Therapeutic Behavior Service)	H2019	AH		\$31.25	15 min			
	84	84		Service)								
Professional	31	62, 95,96	4W	Psychologist (Community-based Wrap	H2021	AH						
Services	11	4A	.,,	Around)	112021	1		\$31.25	15 min			
	84	84		3110)		<u> </u>						

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 Supportive Housing	AW			Housing Stabilization	G9012	2			\$15.11 \$60.44	15 Min.	72 units annually
Permanent Supportive Housing	AW			Housing Stabilization Transition	G9012	2 L	J8		\$15.11 \$60.44	15 Min.	93 units annually
			Adu	lt Day Health Car	re (AD	HC)	Se	rvice			
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
			M	Ionitored In-Ho	me Ca	re G	ivi	ng		'	
Monitored In- Home Care Giving	MI	35		Waiver Service - not otherwise specified Level 1	T2033				\$90.03	per diem	
Monitored In- Home Care Giving	MI	35		Waiver Service - not otherwise specified Level 2	T2033	Т	G		\$135.04	per diem	
Monitored In- Home Care Giving	MI	35		Assessment	T1028	TU	J		\$250.00	one time	
			F	inancial Manag	ement	Ser	vic	es			
Financial Management Services (FMS) Monthly Administrati ve Fee	01			Financial Management Services	W7319			\$10	05.88	Monthly	