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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 (Resid	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	r 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	

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		Host 1	Home	e Services-Adults 1	18 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	Reside	ential)		
Companion Care, Adult	82	82	4W	Companion Care	S5136			\$92.02	Per diem	
				Living Services-I						
	<u> </u>	Prov	ider	Leased or Owned	Reside	nce (Resid	lential)		
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	HQ	\$90.81	Per diem	
Habilitation Residential	11	4A	4G	Shared Living – Level 3	T2016	TG	НQ	\$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 pec	ple)			
]	Partic	ipant	Leased or Owned	l Resid	lence	(Resi	idential)	
Habilitation, Residential	11	4A	4L	Shared Living – Level 1	T2016	НQ		\$82.33	Per diem	
Habilitation Residential	11	4A	4L	Shared Living – Level 2	T2016	TF	НQ	\$90.81	Per diem	

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HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB-SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS
	Dontic	ninant		ared Living-New ed or Owned Resi	` -	-	•	al) cont	inuad	
	raiu	пран	Leas	eu of Owneu Kesi	uence	(Nesi	uenu	iai) com	iniueu	T.
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	4 J	Shared Living – Level 1 Up to 4 people	T2033	UQ		\$61.81	Per diem	
Residential Care, (NOS), Waiver	11	4A	4 J	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	4 J	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	

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				Respite Serv	vices					
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 (Resido	ential S	Servi	ces)			
Transportation Local Trip	42	4X 4A	4W	Transportation Regular - (Comm Access)	T2001	U1		\$5.58	One-way	730
Transportation -Local Trip (W/C)	42	4X 4A	4W	Transportation Wheel chair – (Comm Access)	A0090			\$9.32	One-way	730
			Ad	aptation/Accessib	ility So	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	<u>17</u>	<u>91</u>		Emergency response system Purchase	<u>S5162</u>				One Time	

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			A	daptation/Accessib	oility S	Servio	ees			
Remote Supports	<u>17</u>	<u>91</u>		Home environment assessment	<u>T1028</u>			\$450.00	One Time	
Remote Supports	<u>17</u>	<u>91</u>		Med reminder serv per month	<u>S5185</u>			<u>\$75.00</u>	Monthly	
Remote Supports	<u>17</u>	<u>91</u>		Monitoring feature/device noc	<u>A9279</u>				One Time	
Remote Supports	<u>17</u>	<u>91</u>		Monitoring feature/device noc interactive audio and video	<u>A9279</u>	GT			One Time	
Remote Supports	<u>17</u>	<u>91</u>		Alert device, noc	<u>A9280</u>				One Time	
Incontinence Supplies	<u>17</u>	<u>91</u>		Adult size brief/diaper sm	T4521			\$0.50		
Incontinence Supplies	<u>17</u>	<u>91</u>		Adult size brief/diaper med	<u>T4522</u>			\$0.60		
Incontinence Supplies	<u>17</u>	<u>91</u>		Adult size brief/diaper lg	<u>T4523</u>			\$0.87		
Incontinence Supplies	<u>17</u>	<u>91</u>		Adult size brief/diaper xl	<u>T4524</u>			\$0.87		
Incontinence Supplies	<u>17</u>	<u>91</u>		Adult size pull-on sm	<u>T4525</u>			\$0.85		
Incontinence Supplies	<u>17</u>	<u>91</u>		Adult size pull-on med	<u>T4526</u>			\$0.85		
Incontinence Supplies	<u>17</u>	<u>91</u>		Adult size pull-on lg	<u>T4527</u>			\$0.94		
Incontinence Supplies	<u>17</u>	<u>91</u>		Adult size pull-on xl	<u>T4528</u>			\$1.17		

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			A	daptation/Accessib	oility S	Servic	ees			
Incontinence Supplies	<u>17</u>	<u>91</u>		<u>Disposable</u> <u>liner/shield/pad</u>	<u>T4535</u>			\$0.46		
Incontinence Supplies	<u>17</u>	<u>91</u>		Large disposable underpad	T4541			<u>\$0.46</u>		
Incontinence Supplies	<u>17</u>	<u>91</u>		Small disposable underpad	T4542			\$0.46		
Incontinence Supplies	<u>17</u>	<u>91</u>		Adult disp brief/diap abv xl	<u>T4543</u>			\$2.49		
Incontinence Supplies	<u>17</u>	<u>91</u>		Adlt disp und/pull on abv <u>xl</u>	T4544			\$2.49		
Incontinence Supplies	<u>17</u>	<u>91</u>		Incon disposable penile wrap	<u>T4545</u>			\$1.25		
Incontinence Supplies	<u>17</u>	<u>91</u>		Reusable pull-on any size	<u>T4536</u>			<u>\$0.76</u>		
Incontinence Supplies	<u>17</u>	<u>91</u>		Reusable underpad bed size	<u>T4537</u>			\$8,73		
Incontinence Supplies	<u>17</u>	<u>91</u>		Reusable diaper/brief any size	<u>T4539</u>			\$2.49		
Incontinence Supplies	<u>17</u>	<u>91</u>		Reusable underpad chair size	<u>T4540</u>			\$10.00		
				Vocational Se	ervices	3				•
Supported Employment	98	98		Supported Employment, Individual Job and Assistance with Micro Enterprise in a 1:1 ratio	H2023	ТТ		\$1 <u>5</u> 3.0	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 T	GT	\$13.63	15 Min	Up to 8 Units per day240 units per POC year

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				Vocational S	ervices	5				
Supported Employment	98	98		Supported Employment, Mobile Crew or Enclave	H202 <u>5</u> 6			\$2.73	15 Min	32 Units per Day
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 <u>H</u> 2014	<u>[</u>		\$2. <u>39</u> 8 8	15 Min	32 Units per Day
Non-Emergency Transportation	13	36		Regular Transportation for Prevocational Services	T2002			\$20.00	Per Day	
Habilitation, Prevocational	<u>13</u>	<u>36</u>		Virtual Delivery of Pre- Vocational in a 1:5-8 ratio	H2014	GT		<u>\$2.98</u>	<u>15 Min</u>	
<u>Habilitation,</u> <u>Prevocational</u>	<u>13</u>	<u>36</u>		Community Career Planning in a ratio of 1:2-4 ratio	<u>H2014</u>	<u>UQ</u>		<u>\$4.50</u>	<u>15 Min</u>	
Day Habilitation	14	50		Day Habilitation Onsite in a 1:5-8 ratio	T2021			\$2.48	15 Min	32 Units per Day
Day Habilitation	14	50		Virtual Delivery of Day Habilitation 1: 5-8 ratio	T2021	GT		\$2.98	15 Min	Up to 20 Units per day
Day Habilitation	<u>14</u>	<u>50</u>		Community Life Engagement in a Ratio of 1: 1 ratio	Γ2021	<u>TT</u>		<u>\$4.75</u>	<u>15 Min</u>	32 Units per Day
Day Habilitation	14	50		Community Life Engagement in a Ratio of 1: 2-4 ratio	T2021	UQ		\$3.88 <u>4.0</u> <u>0</u>	15 Min	Up to 20 Units per day
Non-Emergency Transportation	14	50		Regular Transportation for Day Habilitation	T2002			\$20.00	Per Day	

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				Nursing Se	rvices					
In Home	44	87	4887	LPN-Intermittent					D. 1.22	
Nursing Care by LPN	11	4A	4W	Services (1 person)	G0300			,ı \$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		(1 person)	57124			\$41.60	Per hour	
In Home Nursing Care	44	87	4W	LPN-Extended Services	S9124	ТТ				
by LPN	11	4A		(up to 2 persons)	57124			\$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	-111	(up to 2 persons)	57123			\$21.10	Per hour	
RN Extended	44	87	4W	Nursing RN	S9123					
Services	11	4A	711	(1 person)	37123			\$44.20	Per hour	
RN Intermittent	44	87	4W	Nursing RN		ТТ				
Services	11	4A	777	(up to 4 persons)	G0299	11		\$44.62	Per visit	

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
		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	(Speec	h Therapy	7)		
	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	00505				
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		
D 6 1 1	39	71		C 1 MI						
Professional Services	11	4A	4W	Speech Therapy (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		Speech Therapy						
Services	11	4A	4W	(Non-speech device service)	92606			\$21.00	15 min	
	84	84		service)						
Professional	39	71		Speech Therapy						
Services	11	4A	4W	(Ex for speech device RX)	92607			\$21.00	15 min	
	84	84		101)						
Professional	39	71	4777	Speech Therapy	02/10					
Services	11	4A	4W	(Evaluate swallowing function)	92610			\$21.00	15 min	
	84	84		Tunetion)						
Professional	39	71	4337	Speech Therapy	07520	CN				
Services	11	4A	4W	(Therapeutic activities)	97530	GN		\$2.00	15 min	
	84	84								
Professional	39	71 4A	4337	Speech Therapy	97129	CN				
Services	11		4W	(Cognitive skills development)		GN		\$21.00	15 min	
	84	84		-						
		Pr	ofessi	onal Services (Oc	cupati	onal '	Ther	apy)		
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(OT Evaluation low	97165			\$44.40	30 min	
Del rices	84	84		complex 30 min)	2.100			Ψ		
Professional	37	74	4W	Occupational Therapy	0=1			A	4-	
Services	11 84	4A 84	-	(OT Evaluation mod complex 45min)	97166			\$66.60	45 min	
Professional	37	74	4W	Occupational Therapy	1					
Services	11	4A]	(OT Evaluation high	97167			\$88.80	60 min	
	84	84		complex 60 min)	ļ					
Professional	37	74		Occupational Therapy						
Services	11	4A	4W	(OT re-evaluation est plan of care)	97168			\$23.00	15 min	
	84	84		pian of care)						
Professional	37	74		Occupational Therapy						
Services	11	4A	4W	(Application of hot or cold packs)	97010	GO		\$23.00	15 min	
	84	84			ļ					
Professional	37 11	74 4A	4W	Occupational Therapy (Application of Traction,	97012	GO		4.0	15 min	
Services	84	84		Mechanical)				\$23.00		

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
		rofess	ional (Services (Occupa	tional '	Thera	apy) (continu	ed	
Professional	37 11	74 4A	4887	Occupational Therapy	07014	GO				
Services	84	84	4W	(Application of electrical stimulation/ unattended)	97014	GO		\$23.00	15 min	
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of paraffin	97018	GO		\$23.00	15 min	
Services	84	84		bath)				φ23.00	13 11111	
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of	97022	GO		\$23.00	15 min	
Services	84	84		whirlpool)				Ψ25.00	10 11111	
D . 6	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of electrical	97032	GO		\$23.00	15 min	
	84	84		stimulation/ manual)				7-2111		
Professional	37	74		Occupational Therapy						
Services	11	4A	4W	(Application of	97033	GO		\$23.00	15 min	
	84	84		iontophoresis)						
Professional	37	74		Occupational Therapy						
Services -	11	4A	4W	(Application of ultrasound)	97035	GO		\$23.00	15 min	
	84	84		uitrasound)						
Professional	37	74		Occupational Therapy						
Services	11	4A	4W	(OT Therapeutic Procedure)	97110	GO		\$23.00	15 min	
	84	84		Troccdure)						
Professional	37	74		Occupational Therapy		~~				
Services	11	4A	4W	(Massage therapy)	97124	GO		\$23.00	15 min	
	84	84								
Professional	37	74 4A	4W	Occupational Therapy	97140	CO				
Services	11 84	4A 84	4 11	(Manual therapy)	9/140	GO		\$23.00	15 min	
	37	74								
Professional	11	4A	4W	Occupational Therapy	97530	GO				
Services	84	84	7,11	(Therapeutic activities)	21330	GO		\$23.00	15 min	
	37	74		0 4						
Professional	11	4A	4W	Occupational Therapy (Cognitive skills		GO				
Services	84	84	.,,	development)	97129			\$23.00	15 min	
	37	74		Occumentary - LTL						
Professional	11	4A	4W	Occupational Therapy (Wheelchair	97542	GO		dac 00		
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
			Profe	ssional Services (Physic	al Th	erap	y)		
D 6 : 1	35	65		Physical Therapy						
Professional Services	11	4A	4W	(PT Evaluation low	97161			\$29.60	20 min	
501 11005	84	84		complex 20 min)	7,101			Ψ23100		
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 (PT re-evaluation est plan of care)						
Services	11	4A	4W		97164			\$23.00	15 min	
	84	84		or care)						
Professional	35	65	4W	Physical Therapy (Application of hot or cold packs)	97010					
Services	11	4A				GP		\$23.00	15 min	
	84	84		cold packs)					15 min	
Professional	35	65	4W	Physical Therapy						
Services	11	4A		(Application of traction,	97012	GP		\$23.00	15 min	
	84	84		mechanical)						
Professional	35	65	4W	Physical Therapy	97014 G					
Services	11	4A		(Application of electrical		GP		\$23.00	15 min	
	84	84		stimulation/ unattended)						
D	35	65	4W	Physical Therapy	97018 GP					
Professional Services	11	4A		(Application of paraffin		GP	\$23.00	\$23.00	15 min	
	84	84		bath)						
D . 6	35	65		Physical Therapy		GP				
Professional Services	11	4A	4W	(Application of	97022			\$23.00	15 min	
	84	84		whirlpool)					20 min 30 min 45 min 15 min 15 min 15 min	
D 6 1 1	35	65		Physical Therapy						
Professional Services	11	4A	4W	(Application of electrical	97032	GP		\$23.00	15 min	
	84	84		stimulation/ manual)				7		
Description	35	65]	Physical Therapy]					
Professional Services	11	4A	4W	(Application of	97033	GP		\$23.00	15 min	
	84	84		iontophoresis)				7-2100		
D 6	35	65		Physical Therapy						
Professional Services	11	4A	4W	(Application of	97035	GP		\$23.00	15 min	
	84	84		ultrasound)	<u> </u>			Ψ20.00		
	35	65			1					
Professional	11	4A		Physical Therapy	0=1	~-				
Services	84	84	4W	(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
	11									
	35	65		Physical Therapy						
Professional Services	11	4A	4W	(neuromuscular	97112			\$23.00	15 min	
	84	84		re-education)				Ψ20100		
Professional	35	65		Dhygical Thomasy						
Services	-	ļ	4W		97116			\$23.00	15 min	
	-	1							23.00 15 min 25.00 15 min 26.00 15 min 27.00 15 min 28.00 15 min	
Professional			4***	Physical Therapy	07101	an.				
Services	-	1	4W		97124	GP		\$23.00	15 min	
	-	-								
Professional	-	1	AVV		97140	CD				
Services	-	ļ				Gi		\$23.00	15 min	
	_		4W							
Professional	11	4A			97530	GP		\$22.00	45 .	
Services	84	84						\$23.00	15 min	
	35	65	4W	(Wheelchair	97542					
Professional Services	11	4A				GP		\$23.00	15 min	
Services	84	84		Management)				φ23.00	13 11111	
			Pro	ofessional Service	es (Soci	al W	ork)			
	73	73								
Professional Services	11	4A	4W		90847	AJ		\$18.00	15 min	
	84	84		(\$23.00 15 min \$23.00 15 min \$23.00 15 min		
	73	73								
Professional		4A		Social Worker						
Services	84	84	4W		90853	AJ		\$18.00	15 min	
	73	73		Social Worker						
Professional Services	11	4A	4W	(Self-care Management	97535	AJ		\$18.00	15 min	
Services	84	84		Training)				\$10.00	13 11111	
	73	73		Social Worker						
Professional Services	11	4A	4W	(Community/ Work	97537	AJ		\$18.00	15 min	
~	84	84		Reintegration)				7-3100	15 min 15 min 15 min 15 min	
	73	73								
Professional	11	4A		Social Worker						
Services	84	84	4W	(Home visit assistance 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
		Pr	ofessi	onal Services (So	cial Wo	ork) (contir	nued		
D 0 : :	73	73		Social Worker						
Professional Services	11	4A	4W	(Home Visit,	99510	AJ		\$18.00	15 min	
	84	84		Sing/M/Fam Counseling)				7		
D6	73	73		Social Worker						
Professional Services	11	4A	4W	(Unlisted Home Visit	99600	AJ	\$18.00	\$18.00	15 min 15 min 15 min 15 min 15 min 15 min	
	84	84		Service or Procedure)						
D . 6	73	73		G 1 XX 1						
Professional Services	11	4A	4W	Social Worker (HHCP-SVS of CSW)	G0155			\$18.00	15 min	
	84	84						φ10.00		
Professional	73	73	4W	Social Worker (Assertive Community treatment face to face)	H0039					
Services	11	4A				AJ		\$18.00	15 min	
	84	84								
Professional	73	73	4W							
Services	11	4A			H0046	AJ		\$18.00	8.00 15 min	
	84	84		NOS)						
Professional	73	73	4W	Social Worker	H2011 A.					
Services	11	4A		Social Worker (Crisis Intervention)		AJ	\$18.00	\$18.00	15 min	
	84	84		,					15 min	
Professional	73	73	4W	Social Worker (Skilled Training and	H2014					
Services	11	4A						\$18.00	15 min	
	84	84		Development)				-		
Duofossional	73	73		Social Worker						
Professional 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	<u> </u>	Around)						
			Pr	ofessional Service	es (Psy	cholo	gy)			
Duefer	31	62, 95,96		Psychologist						
Professional Services	11	4A	1	(Interactive 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		
561 (1665	84	84		Psychotherapy)	70002			φο 1,20	15 min 15 min 15 min 15 min 15 min		
Professional	31	62, 95,96		Psychologist	90846						
Services	11	4A	4W	(Family therapy without patient present)	30040			\$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	4W	Psychologist (Pharmacologic Management)	90863						
Services	11	4A						\$31.25	15 min		
	84	84		wanagement)							
Professional	31	62, 95,96	AVV	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	4 **	(Neuropsychological testing)	96132			\$31.25	15 min		
	84	84									

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	ional Services (Ps	ycholo	gy) c	ontin	ued		
	31	62, 95,96		Psychologist						
Professional Services	11	4A	4W	(Self-care Management	97535	AH		\$31.25	15 min	
	84	84		Training)				70-1-1		
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		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 (Home Visit, Sing/M/Fam Counseling)	99510					
Services	11	4A				AH		\$31.25	15 min	
	84	84								
Professional	31	62, 95,96	4W	Psychologist (Unlisted Home Visit Service or Procedure)						
Services	11	4A			99600	AH		\$31.25	15 min	
	84	84								
Professional	31	62, 95,96	4W	Psychologist (Assertive Community	H0039	AH				
Services	84	4A 84		Treatment Face to Face)	220003	1222		\$31.25	15 min	
	31	62, 95,96	4W	Psychologist (Mental Health Services,	H0046					
Professional Services	11	4A				AH		\$31.25	15 min 15 min	
	84	84		NOS)						
Professional	31	62, 95,96		Psychologist						
Services	11	4A	4W	(Crisis Intervention)	H2011	AH		\$31.25	15 min	
	84	84 62,								
Professional	31	95,96	4W	Psychologist (Psychosocial Rehab	H2017	AH				
Services	11	4A	7''	Services)	112017	AII		\$31.25	15 min	
	84	84 62,								
Professional Services	11	95,96 4A	4W	Psychologist (Therapeutic Behavior	H2019	AH		\$31.25	15 min	
DEI VICES	84	84		Service)				φυ1.Δυ	15 min 15 min 15 min 15 min 15 min	
Professional	31	62, 95,96		Psychologist						
Services	11	4A	4W	(Community-based Wrap Around)	H2021	AH		\$31.25	15 min	
	84	84		Atouliu)						

HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB- SPECIALTY	SERVICE DESCRIPTION	PROCEDURE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS		
	Permanent Supportive Housing Supports											
Permanent Supportive Housing	AW			Housing Stabilization	G9012			\$15.11 \$60.44	15 Min.	72 units annually		
Permanent Supportive	AW			Housing Stabilization Transition	G9012	U8		\$15.11	15 Min.	93 units annually		
Housing								\$60.44	1 Hour			
	Adult Day Health Care (ADHC) Service											
Medical Rehabilitation Day Program	85	35	4W	Adult Day Health Care Center Based Service (ADHC)	S5100			\$2.78 Rate include provider specific transportatio rate	15 min	Max 40 unit per day		
			M	Ionitored In-Hoi	me Cai	re Giv	ing					
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	TG		\$135.04	per diem			
Monitored In- Home Care Giving	MI	35		Assessment	T1028	TU		\$250.00	one time			
	Financial Management Services											
Financial Management Services (FMS) Monthly Administrati ve Fee	<u>01</u>			Financial Management Services	W7319		<u>\$1</u> 1	05.88	Monthly			