ISSUED: REPLACED:

xx/xx/23 09/15/22

CHAPTER 43: RESIDENTIAL OPTIONS WAIVER

APPENDIX F – BILLING CODES

PAGE(S) <u>1615</u>

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- SPECIAL TY	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			\$135.99 176.79	1 flat monthly	12 annually
				Transition F	undin	g				
Community Transition Waiver	2	4A		One time transition service	T2038			\$3000		Life time maximum limit
		(Comi	nunity Living Sup	ports (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-Children	n unde	r 18	(Resi	dential)	ı	
Foster Care	84	84	4W	Host Home Level 1	S5140	HA		\$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	G	HA	\$64.11	Per diem	
Foster Care	84	84	4W	Host Home Level 4	S5140	U2	НА	\$68.95	Per diem	

Billing Codes Page 1 of 1815 Appendix E

ISSUED: REPLACED:

xx/xx/23 09/15/22

CHAPTER 43: RESIDENTIAL OPTIONS WAIVER

APPENDIX E. BILLING CODES PRIONS WAIVER

PAGE(S) <u>1615</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			
		Hos	t Hon	ne Services-Adults 1	.8 and c	over (Resid	ential)					
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				
			Co	mpanion Care Serv	rices (R	esideı	ntial)						
Companion Care, Adult	Companion 82 82 4W Companion Care S5136 \$02.02 Por diam												
	•		Share	ed Living Services-N	New (U)	p to 3	peopl	e)					
		Pro	ovider	Leased or Owned	Resider	nce (R	Reside	ntial)					
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	HQ	\$104.08	Per diem				
Habilitation Residential	11	4A	4G	Shared Living – Level 4	T2016	U2	HQ	\$123.09	Per diem				
	1		S	hared Living-New ((Up to 3	3 peop	ole)		I.	I			
		Part	icipaı	nt Leased or Owned	Reside	ence (Resid	ential)					
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				

Billing Codes Page 2 of 1815 Appendix E

ISSUED: REPLACED: xx/xx/23 09/15/22

CHAPTER 43: RESIDENTIAL OPTIONS WAIVER

APPENDIX E. BILLING CODES PRIONS WAIVER

PAGE(S) <u>16</u>15

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				
			S	hared Living-New	(Up to 3	B peop	ole)							
	Participant Leased or Owned Residence (Residential) continued													
Habilitation Residential	Residential \$104.05 Per mem													
Habilitation Residential	11	4A	4L	Shared Living – Level 4	T2016	U2	HQ	\$123.09	Per diem					
Shared	Living	-Conv	ersion	/Provider Leased o	r Own	ed Re	siden	ce (Resid	lential)					
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 L	iving-(Conve	rsion/l	Participant Leased	or Owi	ned R	eside	nce (Res	idential)					
Residential Care, (NOS), Waiver	11	4A	4H	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					

Billing Codes Page 3 of 1815 Appendix E

ISSUED: REPLACED:

xx/xx/23 09/15/22

CHAPTER 43: RESIDENTIAL OPTIONS WAIVER

APPENDIX E. BILLING CODES PRIONS WAIVER

PAGE(S) <u>16</u>15

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		
	Respite Services											
Respite Care Services	83	83		Respite Care Services- Out of Home	T1005	HQ		\$3.50	15 min	720 hours		
			Per	sonal Emergency I	Respon	se Sys	tem					
Personal Emergency Response System	16	90		Installation	S5160			\$30.00	Installation			
Personal Emergency Response System	16	90		Monthly Service Fee	S5161			\$27.00	Monthly			
			Tr	ansportation (Resid	lential	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		
(5)			I	Adaptation/Accessil	bility S	ervice	es		<u> </u>			
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			

Billing Codes Page 4 of 1815 Appendix E

ISSUED: REPLACED:

xx/xx/23 09/15/22

CHAPTER 43: RESIDENTIAL OPTIONS WAIVER

APPENDIX F – BILLING CODES

PAGE(S) 1615

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES	PAGE(S) 16
---------------------------	------------

III I EI IDII:			110	00220					I II GE	0) 10
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
				Vocational S	ervices					
Supported Employment	98	98		Supported Employment, Individual Job and Assistance with Micro Enterprise in a 1:1 ratio	H2023	TT		\$13.00	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	TT	GT	\$13.63	15 Min	Up to 8 Units per day
Supported Employment	98	98		Supported Employment, Mobile Crew or Enclave	H2026			\$2.73	15 Min	2 Units per Day
Non-Emergency Transportation	98	98		Regular Transportation for Supported Employment Services	T2003T20 02	SE		\$ 6.00 2 0.00	Per Day One way	
Non- Emergency Transportatio n	98	98		Wheel chair Transportation for Supported Employment Services	A013 0	SE		\$10.0 0	One way	
Habilitation, Prevocational	13	36		Pre-Vocational Onsite in a 1:5-8 ratio	T2025			\$2.88	15 Min	32 Units per Day
Non-Emergency Transportation	13	36		Regular Transportation for Prevocational Services	T2003T 2002			6.00 <u>\$20.</u> 00	Per Day One way	10 units per week
Habilitation, Prevocational	13	36		Virtual Delivery of Pre- Vocational in a 1:5- Typical Job- Preparedness Activities 1:8 ratio	T2025	GT		\$2.98	15 Min	Up to 20 Units per day
Habilitation, Prevocational	13	36		Community Career Planning in a ratio of 1:2-Prevocational Services Small Group Community 1:3/4 ratio	T2025	UQ		\$3.88	15 Min	Up to 20 Units per day

ISSUED: XX/

REPLACED:

23

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIXE: BILLING CODES PRIVATED

PAGE(S) 16

HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB- SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS
			V	ocational Service	es (con	tinue	d)			
Non-Emergency Transportation	13	36		Wheel chair Transportation for Prevocational Services	A0130			\$10.00	One way	10 units- per week
Day Habilitation	14	50		Day Habilitation_ 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 Typical Community Life Engagement Activities 1:5-8 ratio	T2021	GT		\$2.98	15 Min	Up to 20 Units per day
Day Habilitation	14	50		Day Habilitation Small Group Community Life Engagement in a Ratio of 1: 2-4 ratio 1:3/4	T2021	UQ		\$3.88	15 Min	Up to 20 Units per day
Non-Emergency Transportation	14	50		Regular Transportation for Day Habilitation	T2003 T2002	U6		\$ 6.00 20.	One way <u>Per</u> <u>Day</u>	10 units- per week
Non-Emergency Transportation	14	50		Wheel chair- Transportation for Day Habilitation	A0130	U6		\$10.00	One way	10 units per week
				Nursing Se	rvices					
In Home	44	87		LPN-Intermittent						
Nursing Care by LPN	11	4A	4W	Services (1 person)	G0300			\$71.44	Per visit	
Services of Skilled Nurse In	44	87	4W	LPN-Intermittent Services						
Home Health Setting	11	4A	4**	(up to 4 persons)	G0300	TT		\$35.70	Per visit	
In Home	44	87	4	LPN-Extended Services						
Nursing Care by LPN	11	4A	4W	(1 person)	S9124			\$41.60	Per hour	
In Home	44	87	4777	LPN-Extended Services	50124	npan				
Nursing Care by LPN	11	4A	4W	(up to 2 persons)	S9124	TT		\$20.80	Per Hour	
RN Intermittent	44	87	4W	Nursing RN						
Services	11	4A	7''	(1 person)	G0299			\$89.51	Per visit	
RN Extended	44	87	4W	Nursing RN	S9123	TT		621.10	D b	
Services	11	4A		(up to 2 persons)				\$21.10	Per hour	

Billing Codes Page 6 of Appendix E

ISSUED: XX/XX/ REPLACED: 23

							 		_
RN Extended	44	87	4W	Nursing RN	S9123				
Services	11	4A	411	(1 person)	39123		\$44.20	Per hour	
RN Intermittent	44	87	4W	Nursing RN		тт			
Services	11	4A	4**	(up to 4 persons)	G0299	11	\$44.62	Per visit	

Billing Codes Page 7 of Appendix E

ISSUED: <u>09/15/22</u>

REPLACED:

xx/xx/23

Formatted: Font color: Red

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES PAGE(S) 16

HIPAA CODE NAME	ROVIDER 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 (R	egister	ed Die	eticiai	1)		
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	
			Pro	fessional Services	Speech	The	apy)			
	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,	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)						
D f	39	71		Speech Therapy						
Professional Services	11	4A	4W	Behavioral and Qualitative Analysis of	92524			\$21.00	15 min	
	84	84		Voice and Resonance						
Professional	39	71	4777	Speech Therapy	02505			431.00	15.	
Services	11	4A	4W	(Speech Language Hearing Therapy)	92507			\$21.00	15 min	
	84 39	84 71		ricaring riiciapy)						
Professional	11	4A	4W	Speech Therapy (Laryngeal function	92520			\$21.00	15 min	
Services	84	84		studies)				4		

Billing Codes Page 8 of 16 Appendix E

ISSUED: 09/15/22

REPLACED:

xx/xx/23

Formatted: Font color: Red

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES PAGE(S) 16

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	nal Services (Spee	ch The	erapy) con	tinued		
Professional	39	71		C						
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- speech device RX)	92605			\$21.00	15 min	
	84	84		speech device KA)						
Professional	39	71		Speech Therapy	0.000					
Services	11	4A	4W	(Non-speech device service)	92606			\$21.00	15 min	
	84	84		,						
Professional	39	71 4A	4W	Speech Therapy	92607					
Services	84	84	400	(Ex for speech device RX)	92007			\$21.00	15 min	
	39	71								
Professional			4W	Speech Therapy (Evaluate swallowing	92610					
Services				function)	2010			\$21.00	15 min	
	39	71								
Professional	11	4A	4W	Speech Therapy	97530	GN		4.00		
Services	84	84		(Therapeutic activities)				\$2.00	15 min	
	39	71		Speech Therapy						
Professional Services	11	4A	4W	(Cognitive skills	97129	GN		\$21.00	15 min	
Services	84	84		development)				\$21.00	15 min	
		Pr	ofessi	onal Services (Oc	cupati	onal '	Ther	ару)		
	37	74		•						
Professional	11	4A	4W	Occupational Therapy (OT Evaluation low	97165			\$44.40	30 min	
Services	84	84		complex 30 min)						
Professional	37	74		Occupational Therapy						
Services	11	4A	4W	(OT Evaluation mod	97166			\$66.60	45 min	
	84 37	84 74		Complex 45min)						
Professional Services	11	4A	4W	Occupational Therapy (OT Evaluation high	97167			\$88.80	60 min	
Services	84	84		complex 60 min)						
Professional	37	74		Occupational Therapy						
Services	11	4A	4W	(OT re-evaluation est	97168			\$23.00	15 min	
	84	84		plan of care)						
Professional	37	74	4887	Occupational Therapy	02010	GO.		#22.0c		
Services	11	4A	4W	(Application of hot or cold packs)	97010	GO		\$23.00	15 min	
	84 37	84 74		Occupational Therapy						
Professional	11	4A	4W	(Application of Traction,	97012	GO		\$23.00	15 min	
Services	84	84		Mechanical)						

Billing Codes Page 9 of 16 Appendix E

<u>09/15/22</u>

REPLACED:

ISSUED:

xx/xx/23

Formatted: Font color: Red

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES PAGE(S) 16

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
			ional (Services (Occupa	tional '	Thera	apy) (continu	ed	
Professional	37	74 4A		Occupational Therapy						
Services	84	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		\$22.00	15	
Services	84	84		bath)				\$23.00	15 min	
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of	97022	GO		\$23.00	15 min	
Services	84	84		whirlpool)				\$23.00	15 min	
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of electrical	97032	GO		\$23.00	15 min	
Services	84	84		stimulation/ manual)				\$23.00	15 11111	
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of	97033	GO		\$23.00	15 min	
Services	84	84		iontophoresis)				φ23.00	13 11111	
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(Application of	97035	GO		\$23.00	15 min	
Services	84	84		ultrasound)						
	37	74		Occupational Therapy						
Professional Services	11	4A	4W	(OT Therapeutic	97110	GO		\$23.00	15 min	
Bervices	84	84		Procedure)				φ25.00	13 11111	
	37	74								
Professional Services	11	4A	4W	Occupational Therapy (Massage therapy)	97124	GO		\$23.00	15 min	
Services	84	84		(massage merapy)				φ20.00	10	
D	37	74		0 4 17						
Professional Services	11	4A	4W	Occupational Therapy (Manual therapy)	97140	GO		\$23.00	15 min	
	84	84		(" " " " " " " " " " " " " " " " " " "				,		
Professional	37	74		O						
Services	11	4A	4W	Occupational Therapy (Therapeutic activities)	97530	GO		\$23.00	15 min	
	84	84								
Professional	37	74		Occupational Therapy						
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)						

Billing Codes Page 10 of 16 Appendix E

ISSUED: 09/15/22

REPLACED:

xx/xx/23

Formatted: Font color: Red

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES PAGE(S) 16

HIPAA CODE NAME	PROVIDERTYPE	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	35	65		Physical Therapy						
Professional Services	11	4A	4W	(PT Evaluation low	97161			\$29.60	20 min	
	84	84		complex 20 min)				7		
Professional Services	35	65	4777	Physical Therapy	07163			04440	20 .	
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			\$23.00	15 min	
	84	84		or care)						
Professional	35	65		Physical Therapy						
Services	11	4A	4W	(Application of hot or cold packs)	97010	GP		\$23.00	15 min	
	84	84		cold packs)						
Professional	35	65		Physical Therapy						
Services	11	4A	4W	(Application of traction, mechanical)	97012	GP		\$23.00	15 min	
	84	84		mechanicar)						
Professional	35	65		Physical Therapy						
Services	11	4A	4W	(Application of electrical stimulation/ unattended)	97014	GP		\$23.00	15 min	
	84	84		stimulation/ unattended)						
Professional	35	65		Physical Therapy						
Services	11	4A	4W	(Application of paraffin	97018	GP		\$23.00	15 min	
	84	84		bath)						
Duefessional	35	65		Physical Therapy						
Professional Services	11	4A	4W	(Application of	97022	GP		\$23.00	15 min	
	84	84		whirlpool)						
Duofossions 1	35	65	1	Physical Therapy						
Professional Services	11	4A	4W	(Application of electrical	97032	GP		\$23.00	15 min	
	84	84		stimulation/ manual)						
D 6 : :	35	65		Physical Therapy						
Professional Services	11	4A	4W	(Application of	97033	GP		\$23.00	15 min	
501.1005	84	84		iontophoresis)				φ=0.00		
	35	65		Physical Therapy						
Professional Services	11	4A	4W	(Application of	97035	GP		\$23.00	15 min	
Del vices	84	84		ultrasound)				ΨΣΟΙΟΟ	15 11111	
	35	65								
Professional	11	4A	1	Physical Therapy						
Services	84	84	4W	(Therapeutic Procedure)	97110	GP		\$23.00	15 min	

Billing Codes Page 11 of 16 Appendix E

ISSUED: <u>09/15/22</u>

REPLACED:

xx/xx/23

Formatted: Font color: Red

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES PAGE(S) 16

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	ession	al Services (Physi	ical Th	erapy	y) cor	tinued		
	35	65		Physical Therapy						
Professional Services	11	4A	4W	(neuromuscular	97112			\$23.00	15 min	
Del vices	84	84		re-education)				Ψ20.00	15 11111	
Professional	35	65		Dhygiaal Thomasy						
Services	11	4A	4W	Physical Therapy (Gait training)	97116			\$23.00	15 min	
	84	84								
Professional	35	65		Physical Therapy						
Services	11	4A	4W	(Massage therapy)	97124	GP		\$23.00	15 min	
	84 35	84								
Professional	11	65 4A	4W	Physical Therapy (Manual therapy)	97140	GP				
Services	84	4A 84						\$23.00	15 min	
	35	65								
Professional	11	4A	4W	Physical Therapy (Therapeutic activities)	97530	GP				
Services	84	84				· ·		\$23.00	15 min	
	35	65	4W	Physical Therapy (Wheelchair Management)	97542					
Professional Services	11	4A				GP		\$23.00	15	
Services	84	84						\$23.00	15 min	
			Pro	ofessional Service	es (Soci	al W	ork)			
	73	73								
Professional Services	11	4A	4W	Social Worker (Family psychotherapy)	90847	AJ		\$18.00	15 min	
Services	84	84						φ10.00		
	73	73								
D., 6	11	4A		C. d. IXV.					15 min	
Professional Services	84	84	4W	Social Worker (Group psychotherapy)	90853	AJ		\$18.00		
Professional	73	73		Social Worker						
Services	11	4A	4W	(Self-care Management Training)	97535	AJ	\$18.0	\$18.00	15 min	
	84	84		114111115)						
Professional	73	73	4337	Social Worker	07525	4.7				
Services	11 84	4A 84	4W	(Community/ Work Reintegration)	97537 A	AJ		\$18.00	15 min	
	73	73			 					
	11	4A		Social Worker						
Professional Services	84	84	4W	(Hama violt assistance	99509	AJ	AJ	\$18.00	15 min 15 min	

Billing Codes Page 12 of 16 Appendix E

ISSUED: <u>09/15/22</u>

REPLACED:

xx/xx/23

Formatted: Font color: Red

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES PAGE(S) 16

HIPAA CODE NAME	PROVIDERTYPE	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										
	73	73		Social Worker						
Professional Services	11	4A	4W	(Home Visit,	99510	AJ		\$18.00	15 min	
	84	84		Sing/M/Fam Counseling)						
Professional	73	73		Social Worker						
Services	11	4A	4W	(Unlisted Home Visit	99600	AJ		\$18.00	15 min	
	84	84		Service or Procedure)						
Professional	73	73		Social Worker (HHCP-SVS of CSW)						
Services	11	4A	4W		G0155			\$18.00	15 min	
	84	84								
Professional	73	73	4W	Social Worker (Assertive Community treatment face to face)	H0039	AJ			15 min	
Services	11	4A						\$18.00		
	84	84								
Professional	73	73	4W	Social Worker (Mental Health Services, NOS)	H0046					
Services	11	4A				AJ		\$18.00	15 min	
	84	84								
Professional	73	73	4W	Social Worker (Crisis Intervention) H2011		AJ	\$18.00			
Services	11	4A			H2011			\$18.00	15 min	
	84	84								
Professional	73	73	4W	Social Worker (Skilled Training and Development)	H2014					
Services	11	4A						\$18.00	15 min	
	84	84								
Professional	73	73		Social Worker	H2017	AJ) 15 min	
Services	11	4A	4W	(Psychosocial Rehab				\$18.00		
	84	84		Services)						
Professional	73	73		Social Worker					15 min	
Services	11	4A	4W	(Therapeutic Behavior	H2019	AJ		\$18.00		
	84	84		Service)						
Professional Services	73	73		Social Worker						
	11	4A	4W	(Community-based Wrap	H2021	AJ		\$18.00	15 min	
	84	84		Around)						
Professional Services (Psychology)										
Professional Services	31 11	62, 95,96 4A		Psychologist (Interactive Psychological Diagnostic	90791			\$31.25	15 min	
	84	84		Interview)		1	l	1		1

Billing Codes Page 13 of 16 Appendix E

ISSUED: REPLACED:

09/15/22 xx/xx/23

Formatted: Font color: Red

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES PAGE(S) 156

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										
Professional	31	62, 95,96		Psychologist (Individual	90832			\$31,25	15 min	
Services	11	4A	4W	Psychotherapy)	90832			\$31.25	15 min	
	31	62,		Psychologist						
Professional Services	11	95,96 4A	4W	(Family therapy without patient present)	90846			\$31.25	15 min	
Services	84	84	411							
Professional	31	62, 95,96	4W	Psychologist (Special Family Therapy w/ patient)	90847					
Services	11	4A				AH		\$31.25	15 min	
	84	84								
Professional	31	62, 95,96	4W	Psychologist (Group Psychotherapy)				\$31.25	15 min	
Services	11	4A			90853	AH		\$31.25	13 11111	
	84 31	62, 95,96		Psychologist						
Professional 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		, ,						
Professional	31	62, 95,96	4W	Psychologist (Psychological Testing by Tech)	96138			\$31.25	15 min	
Services	11	4A			70130			φυ 1.20	20 11111	
	84 31	62, 95,96		Psychologist						
Professional Services	11	4A	4W	(Neuropsychological	96132			\$31.25	15 min	
501 1205	84	84		testing)	.					

Billing Codes Page 14 of 16 Appendix E

ISSUED:

09/15/22

REPLACED:

xx/xx/23

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES

PAGE(S) <u>1615</u>

Formatted: Font color: Red

Formatted: Font color: Red

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										
Professional Services	31	62, 95,96 4A	4W	Psychologist (Self-care Management Training)	97535	AH		\$31.25	15 min		
Professional Services	84 31 11	84 62, 95,96 4A	4W	Psychologist (Community/ Work	97537	AH		\$31.25	15 min		
Professional Services	84 31 11	84 62, 95,96 4A	4W	Psychologist (Home visit for	99509	AH		\$31.25	15 min		
Services Professional	84	84 62, 95,96		Assistance with ADL's and Personal Care) Psychologist	77307	АП					
Services	11 84	4A 84 62,	4W	(Home Visit, Sing/M/Fam Counseling)	99510	AH		\$31.25	15 min		
Professional Services	31 11 84	95,96 4A 84	4W	Psychologist (Unlisted Home Visit Service or Procedure)	99600	AH		\$31.25	15 min		
Professional Services	31 11 84	62, 95,96 4A 84	4W	Psychologist (Assertive Community Treatment Face to Face)	H0039	AH		\$31.25	15 min		
Professional Services	31 11	62, 95,96 4A	4W	Psychologist (Mental Health Services, NOS)	H0046	AH		\$31.25	15 min		
Professional Services	31 11	84 62, 95,96 4A	4W	Psychologist (Crisis Intervention)	H2011	AH		\$31.25	15 min		
Professional	31	84 62, 95,96	4W	Psychologist (Psychosocial Rehab	H2017	АШ		\$31.25	15 min		
Services	11 84 31	4A 84 62, 95,96	411	Services) Psychologist	H2017	AH		77-123			
Professional Services	11 84	4A 84 62,	4W	(Therapeutic Behavior Service)	H2019	AH		\$31.25	15 min		
Professional Services	31 11 84	95,96 4A 84	4W	Psychologist (Community-based Wrap Around)	H2021	AH		\$31.25	15 min		

Billing Codes Page 15 of 16 Appendix E

ISSUED:

09/15/22

Formatted: Font color: Red

REPLACED:

xx/xx/23

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES PAGE(S) 16

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								\$15.11	15 Min.	72 units annually	
Supportive Housing	AW			Housing Stabilization	G9012			\$60.44	1 Hour		
Permanent				Housing Stabilization				\$15.11	15 Min.	93 units annually	
Supportive Housing	AW			Transition	G9012	U8		\$60.44	1 Hour		
			Adult	t Day Health Car	e (ADI	HC) S	Servi	ce			
Medical Rehabilitation Day Program	85	35	4W	Adult Day Health Care Center Based Service (ADHC)	S5100			\$2.78 Rate include provider specific transportation rate	15 min	Max 40 unit per day	
Monitored In-Home Care Giving											
Monitored In- Home Care Giving	MI	35		Waiver Service - not otherwise specified Level 1	T2033			\$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		

Billing Codes Page 16 of 16 Appendix E