

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**APPENDIX E: BILLING CODES****PAGE(S) 15****BILLING CODES**

The following chart describes the codes and rates that are to be used with the Residential Options Waiver. Providers must bill the appropriate procedure code for the service performed.

HIPAA CODE NAME	PROVIDER TYPE	PROVIDER SPEC	PROVIDER SUB-SPECIALTY	SERVICE DESCRIPTION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMITS
Support Coordination										
Case Management	45	81	4W	Support Coordination	T1016			\$ 135.99	1 flat monthly	12 annually
Transition Funding										
Community Transition Waiver	2	4A		One time transition service	T2038			\$3000		Life time maximum limit
Community Living Supports (Residential)										
Attendant Care Services	82	82	4W	Community Living Supports – 1 Person	S5125			\$ 4.00	15 min	
Attendant Care Services	82	82	4W	Community Living Supports – 2 Persons	S5125	UN		\$ 3.00	15 min	
Attendant Care Services	82	82	4W	Community Living Supports – 3 persons	S5125	UP		\$ 2.50	15 min	
Host Home Services-Children under 18 (Residential)										
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	HA	\$ 57.05	Per diem	
Foster Care	84	84	4W	Host Home Level 3	S5140	TG	HA	\$ 64.11	Per diem	
Foster Care	84	84	4W	Host Home Level 4	S5140	U2	HA	\$ 68.95	Per diem	

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**APPENDIX E: BILLING CODES****PAGE(S) 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
Host Home Services-Adults 18 and over (Residential)										
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	
Companion Care Services (Residential)										
Companion Care, Adult	82	82	4W	Companion Care	S5136			\$ 92.02	Per diem	
Shared Living Services-New (Up to 3 people) Provider Leased or Owned Residence (Residential)										
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	
Shared Living-New (Up to 3 people) Participant Leased or Owned Residence (Residential)										
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**APPENDIX E: BILLING CODES****PAGE(S) 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
Shared Living-New (Up to 3 people)										
Participant Leased or Owned Residence (Residential) continued										
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 Living-Conversion/Provider Leased or Owned Residence (Residential)										
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 Living-Conversion/Participant Leased or Owned Residence (Residential)										
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	4H	Shared Living – Level 2 Up to 4 people	T2033	TF	UQ	\$ 70.09	Per diem	
Residential Care, (NOS), Waiver	11	4A	4H	Shared Living – Level 3 Up to 4 people	T2033	TG	UQ	\$ 84.86	Per diem	
Residential Care, (NOS), Waiver	11	4A	4H	Shared Living – Level 4 Up to 4 people	T2033	U2	UQ	\$ 111.26	Per diem	

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**APPENDIX E: BILLING CODES****PAGE(S) 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
Personal Emergency Response System										
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	

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**APPENDIX E: BILLING CODES****PAGE(S) 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
Transportation (Residential Services)										
Transportation Local Trip	42	4X	4W	Transportation Regular - (Comm Access)	Z5177			\$5.58	One-way	730
		4A								
Transportation –Local Trip (W/C)	42	4X	4W	Transportation Wheel chair – (Comm Access)	Z5186			\$9.32	One-way	730
		4A								
Adaptation/Accessibility Services										
Assistive Technology/ Specialized Medical Equipment	17	91		Assistive Technology Specialized Medical Equip. and Supplies	T2029				Per Item/ Service	
Specialized Medical Equipment, Not otherwise specified (NOS)	17	91		Repairs Specialized Medical Equipment and Assistive Technology	T2029	RB			Per Item/ Repair	
Environmental Modifications	15	80		Environmental Accessibility Adaptations	Z0620				Per Service	
Vocational Services										
Supported Employment	98	98		Supported Employment, Individual Job and Assistance with Micro Enterprise	H2023	TT		\$ 2.60	15 min (Minimum number of service hours is 1 hour)	32 units per day
Supported Employment	98	98		Supported Employment, Mobile Crew or Enclave	H2024	52		\$ 26.00	2.5 hours	2 units per day
Non-Emergency Transportation	98	98		Regular Transportation for Supported Employment Services	T2003	SE		\$ 6.00	One way	
Non-Emergency Transportation	98	98		Wheel chair Transportation for Supported Employment Services	A0130	SE		\$ 10.00	One way	
Habilitation, Prevocational	13	36		Pre-Vocational	T2014	52		\$ 22.50	2.5 hours	10 units per week
Non-Emergency Transportation	13	36		Regular Transportation for Prevocational Services	T2003			\$ 6.00	One way	10 units per week

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES

PAGE(S) 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
Vocational Services (continued)										
Non-Emergency Transportation	13	36		Wheel chair Transportation for Prevocational Services	A0130			\$ 10.00	One way	10 units per week
Day Habilitation	14	50		Day Habilitation	T2020			\$ 18.50	2.5 hours	10 units per week
Non-Emergency Transportation	14	50		Regular Transportation for Day Habilitation	T2003	U6		\$ 6.00	One way	10 units per week
Non-Emergency Transportation	14	50		Wheel chair Transportation for Day Habilitation	A0130	U6		\$ 10.00	One way	10 units per week
Nursing Services										
In Home Nursing Care by LPN	44	87	4W	LPN-Intermittent Services (1 person)	G0300			\$ 54.92	Per visit	
	11	4A								
Services of Skilled Nurse In Home Health Setting	44	87	4W	LPN-Intermittent Services (up to 4 persons)	G0300	TT		\$ 27.46	Per visit	
	11	4A								
In Home Nursing Care by LPN	44	87	4W	LPN-Extended Services (1 person)	S9124			\$ 32.00	Per hour	
	11	4A								
In Home Nursing Care by LPN	44	87	4W	LPN-Extended Services (up to 2 persons)	S9124	TT		\$ 16.00	Per Hour	
	11	4A								
RN Intermittent Services	44	87	4W	Nursing RN (1 person)	G0299			\$ 68.85	Per visit	
	11	4A								
RN Extended Services	44	87	4W	Nursing RN (up to 2 persons)	S9123	TT		\$ 17.00	Per hour	
	11	4A								
RN Extended Services	44	87	4W	Nursing RN (1 person)	S9123			\$ 34.00	Per hour	
	11	4A								
RN Intermittent Services	44	87	4W	Nursing RN (up to 4 persons)	G0299	TT		\$ 34.32	Per visit	
	11	4A								

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES

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

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES

PAGE(S) 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
Professional Services (Speech Therapy) continued										
Professional Services	39	71	4W	Speech Therapy (Oral function therapy)	92526			\$ 21.00	15 min	
	11	4A								
	84	84								
Professional Services	39	71	4W	Speech Therapy (Evaluation for non- speech device RX)	92605			\$ 21.00	15 min	
	11	4A								
	84	84								
Professional Services	39	71	4W	Speech Therapy (Non-speech device service)	92606			\$ 21.00	15 min	
	11	4A								
	84	84								
Professional Services	39	71	4W	Speech Therapy (Ex for speech device RX)	92607			\$ 21.00	15 min	
	11	4A								
	84	84								
Professional Services	39	71	4W	Speech Therapy (Evaluate swallowing function)	92610			\$ 21.00	15 min	
	11	4A								
	84	84								
Professional Services	39	71	4W	Speech Therapy (Therapeutic activities)	97530	GN		\$ 21.00	15 min	
	11	4A								
	84	84								
Professional Services	39	71	4W	Speech Therapy (Cognitive skills development)	97129	GN		\$ 21.00	15 min	
	11	4A								
	84	84								
Professional Services (Occupational Therapy)										
Professional Services	37	74	4W	Occupational Therapy (OT Evaluation low complex 30 min)	97165			\$44.40	30 min	
	11	4A								
	84	84								
Professional Services	37	74	4W	Occupational Therapy (OT Evaluation mod complex 45min)	97166			\$66.60	45 min	
	11	4A								
	84	84								
Professional Services	37	74	4W	Occupational Therapy (OT Evaluation high complex 60 min)	97167			\$88.80	60 min	
	11	4A								
	84	84								
Professional Services	37	74	4W	Occupational Therapy (OT re-evaluation est plan of care)	97168			\$ 23.00	15 min	
	11	4A								
	84	84								
Professional Services	37	74	4W	Occupational Therapy (Application of hot or cold packs)	97010	GO		\$ 23.00	15 min	
	11	4A								
	84	84								
Professional Services	37	74	4W	Occupational Therapy (Application of Traction, Mechanical)	97012	GO		\$ 23.00	15 min	
	11	4A								
	84	84								

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES

PAGE(S) 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
Professional Services (Occupational Therapy) continued										
Professional Services	37	74	4W	Occupational Therapy (Application of electrical stimulation/ unattended)	97014	GO		\$ 23.00	15 min	
	11	4A								
	84	84								
Professional Services	37	74	4W	Occupational Therapy (Application of paraffin bath)	97018	GO		\$ 23.00	15 min	
	11	4A								
	84	84								
Professional Services	37	74	4W	Occupational Therapy (Application of whirlpool)	97022	GO		\$ 23.00	15 min	
	11	4A								
	84	84								
Professional Services	37	74	4W	Occupational Therapy (Application of electrical stimulation/ manual)	97032	GO		\$ 23.00	15 min	
	11	4A								
	84	84								
Professional Services	37	74	4W	Occupational Therapy (Application of iontophoresis)	97033	GO		\$ 23.00	15 min	
	11	4A								
	84	84								
Professional Services	37	74	4W	Occupational Therapy (Application of ultrasound)	97035	GO		\$ 23.00	15 min	
	11	4A								
	84	84								
Professional Services	37	74	4W	Occupational Therapy (OT Therapeutic Procedure)	97110	GO		\$ 23.00	15 min	
	11	4A								
	84	84								
Professional Services	37	74	4W	Occupational Therapy (Massage therapy)	97124	GO		\$ 23.00	15 min	
	11	4A								
	84	84								
Professional Services	37	74	4W	Occupational Therapy (Manual therapy)	97140	GO		\$ 23.00	15 min	
	11	4A								
	84	84								
Professional Services	37	74	4W	Occupational Therapy (Therapeutic activities)	97530	GO		\$ 23.00	15 min	
	11	4A								
	84	84								
Professional Services	37	74	4W	Occupational Therapy (Cognitive skills development)	97129	GO		\$ 23.00	15 min	
	11	4A								
	84	84								
Professional Services	37	74	4W	Occupational Therapy (Wheelchair management)	97542	GO		\$ 23.00	15 min	
	11	4A								
	84	84								

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES

PAGE(S) 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
Professional Services (Physical Therapy)										
Professional Services	35	65	4W	Physical Therapy (PT Evaluation low complex 20 min)	97161			\$29.60	20 min	
	11	4A								
	84	84								
Professional Services	35	65	4W	Physical Therapy (PT Evaluation mod complex 30 min)	97162			\$44.40	30 min	
	11	4A								
	84	84								
Professional Services	35	65	4W	Physical Therapy (PT Evaluation high complex 45 min)	97163			\$66.60	45 min	
	11	4A								
	84	84								
Professional Services	35	65	4W	Physical Therapy (PT re-evaluation est plan of care)	97164			\$ 23.00	15 min	
	11	4A								
	84	84								
Professional Services	35	65	4W	Physical Therapy (Application of hot or cold packs)	97010	GP		\$ 23.00	15 min	
	11	4A								
	84	84								
Professional Services	35	65	4W	Physical Therapy (Application of traction, mechanical)	97012	GP		\$ 23.00	15 min	
	11	4A								
	84	84								
Professional Services	35	65	4W	Physical Therapy (Application of electrical stimulation/ unattended)	97014	GP		\$ 23.00	15 min	
	11	4A								
	84	84								
Professional Services	35	65	4W	Physical Therapy (Application of paraffin bath)	97018	GP		\$ 23.00	15 min	
	11	4A								
	84	84								
Professional Services	35	65	4W	Physical Therapy (Application of whirlpool)	97022	GP		\$ 23.00	15 min	
	11	4A								
	84	84								
Professional Services	35	65	4W	Physical Therapy (Application of electrical stimulation/ manual)	97032	GP		\$ 23.00	15 min	
	11	4A								
	84	84								
Professional Services	35	65	4W	Physical Therapy (Application of lontophoresis)	97033	GP		\$ 23.00	15 min	
	11	4A								
	84	84								
Professional Services	35	65	4W	Physical Therapy (Application of ultrasound)	97035	GP		\$ 23.00	15 min	
	11	4A								
	84	84								
Professional Services	35	65	4W	Physical Therapy (Therapeutic Procedure)	97110	GP		\$ 23.00	15 min	
	11	4A								
	84	84								

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES

PAGE(S) 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
Professional Services (Physical Therapy) continued										
Professional Services	35	65	4W	Physical Therapy (neuromuscular re-education)	97112			\$ 23.00	15 min	
	11	4A								
	84	84								
Professional Services	35	65	4W	Physical Therapy (Gait training)	97116			\$ 23.00	15 min	
	11	4A								
	84	84								
Professional Services	35	65	4W	Physical Therapy (Massage therapy)	97124	GP		\$ 23.00	15 min	
	11	4A								
	84	84								
Professional Services	35	65	4W	Physical Therapy (Manual therapy)	97140	GP		\$ 23.00	15 min	
	11	4A								
	84	84								
Professional Services	35	65	4W	Physical Therapy (Therapeutic activities)	97530	GP		\$ 23.00	15 min	
	11	4A								
	84	84								
Professional Services	35	65	4W	Physical Therapy (Wheelchair Management)	97542	GP		\$ 23.00	15 min	
	11	4A								
	84	84								
Professional Services (Social Work)										
Professional Services	73	73	4W	Social Worker (Family psychotherapy)	90847	AJ		\$ 18.00	15 min	
	11	4A								
	84	84								
Professional Services	73	73	4W	Social Worker (Group psychotherapy)	90853	AJ		\$ 18.00	15 min	
	11	4A								
	84	84								
Professional Services	73	73	4W	Social Worker (Self-care Management Training)	97535	AJ		\$ 18.00	15 min	
	11	4A								
	84	84								
Professional Services	73	73	4W	Social Worker (Community/ Work Reintegration)	97537	AJ		\$ 18.00	15 min	
	11	4A								
	84	84								
Professional Services	73	73	4W	Social Worker (Home visit assistance w/ADL's and personal care)	99509	AJ		\$ 18.00	15 min	
	11	4A								
	84	84								

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES

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

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES

PAGE(S) 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
Professional Services (Psychology) continued										
Professional Services	31	62, 95,96	4W	Psychologist (Individual Psychotherapy)	90832			\$ 31.25	15 min	
	11	4A								
	84	84								
Professional Services	31	62, 95,96	4W	Psychologist (Family therapy without patient present)	90846			\$ 31.25	15 min	
	11	4A								
	84	84								
	31	62, 95,96	4W	Psychologist (Special Family Therapy w/ patient)	90847	AH		\$ 31.25	15 min	
	11	4A								
	84	84								
Professional Services	31	62, 95,96	4W	Psychologist (Group Psychotherapy)	90853	AH		\$ 31.25	15 min	
	11	4A								
	84	84								
Professional Services	31	62, 95,96	4W	Psychologist (Pharmacologic Management)	90863			\$ 31.25	15 min	
	11	4A								
	84	84								
Professional Services	31	62, 95,96	4W	Psychologist (Psychological Testing by Psychologist)	96130			\$ 31.25	15 min	
	11	4A								
	84	84								
Professional Services	31	62, 95,96	4W	Psychologist (Psychological Testing by Tech)	96138			\$ 31.25	15 min	
	11	4A								
	84	84								
Professional Services	31	62, 95,96	4W	Psychologist (Neuropsychological testing)	96132			\$ 31.25	15 min	
	11	4A								
	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
Professional Services (Psychology) continued										
Professional Services	31	62, 95,96	4W	Psychologist (Self-care Management Training)	97535	AH		\$ 31.25	15 min	
	11	4A								
	84	84								

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**APPENDIX E: BILLING CODES****PAGE(S) 15**

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

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES

PAGE(S) 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
Dental Services										
Dental	27	19, 66, 67, 68		Dental (Periodic Oral Examination, Patient of Record)	D0120			\$ 32.06	Per procedure	
Dental	27	19, 66, 67, 68		Dental (Comprehensive Oral Examination, New Patient)	D0150			\$ 55.37	Per procedure	
Dental	27	19, 66, 67, 68		Dental (Radiographs, Complete Series including Bitewings)	D0210			\$ 70.15	Per procedure	
Dental	27	19, 66, 67, 68		Dental (Prohylaxis-Adult)	D1110			\$ 54.64	Per procedure	
Permanent Supportive Housing Supports										
Permanent Supportive Housing	AW			Housing Stabilization	Z0648			\$15.11	15 Min.	72 units annually
								\$60.44	1 Hour	
Permanent Supportive Housing	AW			Housing Stabilization Transition	Z0649			\$15.11	15 Min.	93 units annually
								\$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 includes 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			\$59.60	per diem	
Monitored In- Home Care Giving	MI	35		Waiver Service - not otherwise specified Level 2	T2033	TG		\$89.40	per diem	
Monitored In- Home Care Giving	MI	35		Assessment	T1028	TU		\$250.00	one time	