

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

The following chart describes the codes and rates (effective September 1, 2015) 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 | | | \$126.48 | monthly | 12 per month |
| 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 | | | \$3.61 | 15 min | |
| Attendant Care Services | 82 | 82 | 4W | Community Living Supports – 2 Persons | S5125 | UN | | \$2.90 | 15 min | |
| Attendant Care Services | 82 | 82 | 4W | Community Living Supports – 3 persons | S5125 | UP | | \$2.41 | 15 min | |
| Host Home Services-Children under 18 (Residential) | | | | | | | | | | |
| Foster Care | 84 | 84 | 4W | Host Home Level 1 | S5140 | HA | | \$51.11 | Per diem | |
| Foster Care | 84 | 84 | 4W | Host Home Level 2 | S5140 | TF | HA | \$55.07 | Per diem | |
| Foster Care | 84 | 84 | 4W | Host Home Level 3 | S5140 | TG | HA | \$62.21 | Per diem | |
| Foster Care | 84 | 84 | 4W | Host Home Level 4 | S5140 | U2 | HA | \$66.91 | Per diem | |

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|---|---------------|---------------|------------------------|-------------------------|----------------|------------|------------|----------|--------------------------|-----------------------|
| Host Home Services-Adults 18 and over (Residential) | | | | | | | | | | |
| Foster Care Adult | 84 | 84 | 4W | Host Home Level 1 | S5140 | | | \$51.11 | Per diem | |
| Foster Care Adult | 84 | 84 | 4W | Host Home Level 2 | S5140 | TF | | \$55.07 | Per diem | |
| Foster Care Adult | 84 | 84 | 4W | Host Home Level 3 | S5140 | TG | | \$62.21 | Per diem | |
| Foster Care Adult | 84 | 84 | 4W | Host Home Level 4 | S5140 | U2 | | \$66.91 | Per diem | |
| Companion Care Services (Residential) | | | | | | | | | | |
| Companion Care, Adult | 82 | 82 | 4W | Companion Care | S5136 | | | \$39.58 | 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 | | | \$79.47 | Per diem | |
| Habilitation Residential | 11 | 4A | 4G | Shared Living – Level 2 | T2016 | TF | HQ | \$87.66 | Per diem | |
| Habilitation Residential | 11 | 4A | 4G | Shared Living – Level 3 | T2016 | TG | HQ | \$100.47 | Per diem | |
| Habilitation Residential | 11 | 4A | 4G | Shared Living – Level 4 | T2016 | U2 | HQ | \$118.82 | 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 | | \$79.47 | Per diem | |
| Habilitation Residential | 11 | 4A | 4L | Shared Living – Level 2 | T2016 | TF | HQ | \$87.66 | Per diem | |

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|---|---------------|---------------|------------------------|---|----------------|------------|------------|----------|--------------------------|-----------------------|
| 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 | \$100.47 | Per diem | |
| Habilitation Residential | 11 | 4A | 4L | Shared Living – Level 4 | T2016 | U2 | HQ | \$118.82 | 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 | | \$59.66 | Per diem | |
| Residential Care, (NOS), Waiver | 11 | 4A | 4J | Shared Living – Level 2 Up to 4 people | T2033 | TF | UQ | \$67.66 | Per diem | |
| Residential Care, (NOS), Waiver | 11 | 4A | 4J | Shared Living – Level 3 Up to 4 people | T2033 | TG | UQ | \$81.92 | Per diem | |
| Residential Care, (NOS), Waiver | 11 | 4A | 4J | Shared Living – Level 4 Up to 4 people | T2033 | U2 | UQ | \$107.39 | Per diem | |
| Shared 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 | | \$59.66 | Per diem | |
| Residential Care, (NOS), Waiver | 11 | 4A | 4H | Shared Living – Level 2 Up to 4 people | T2033 | TF | UQ | \$67.66 | Per diem | |
| Residential Care, (NOS), Waiver | 11 | 4A | 4H | Shared Living – Level 3 Up to 4 people | T2033 | TG | UQ | \$81.92 | Per diem | |
| Residential Care, (NOS), Waiver | 11 | 4A | 4H | Shared Living – Level 4 Up to 4 people | T2033 | U2 | UQ | \$107.39 | Per diem | |

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|---|---------------|---------------|------------------------|---|----------------|------------|------------|----------|--------------------------|-----------------------|
| Shared Living-Conversion/Provider Leased or Owned Residence (Residential) | | | | | | | | | | |
| Residential Care, (NOS), Waiver | 11 | 4A | 4J | Shared Living – Level 1 Up to 6 people | T2033 | | | \$59.66 | Per diem | |
| Residential Care, (NOS), Waiver | 11 | 4A | 4J | Shared Living – Level 2 Up to 6 people | T2033 | TF | HQ | \$67.66 | Per diem | |
| Residential Care, (NOS), Waiver | 11 | 4A | 4J | Shared Living – Level 3 Up to 6 people | T2033 | TG | HQ | \$81.92 | Per diem | |
| Residential Care, (NOS), Waiver | 11 | 4A | 4J | Shared Living – Level 4 Up to 6 people | T2033 | U2 | HQ | \$107.39 | Per diem | |
| Shared Living-Conversion/Participant Leased or Owned Residence (Residential) | | | | | | | | | | |
| Residential Care, (NOS), Waiver | 11 | 4A | 4H | Shared Living – Level 1 Up to 6 people | T2033 | HQ | | \$59.66 | Per diem | |
| Residential Care, (NOS), Waiver | 11 | 4A | 4H | Shared Living – Level 2 Up to 6 people | T2033 | TF | HQ | \$67.66 | Per diem | |
| Residential Care, (NOS), Waiver | 11 | 4A | 4H | Shared Living – Level 3 Up to 6 people | T2033 | TG | HQ | \$81.92 | Per diem | |
| Residential Care, (NOS), Waiver | 11 | 4A | 4H | Shared Living – Level 4 Up to 6 people | T2033 | U2 | HQ | \$107.39 | Per diem | |
| Respite Services | | | | | | | | | | |
| Respite Care Services | 83 | 83 | | Respite Care Services- Out of Home | T1005 | HQ | | \$3.26 | 15 min | 720 hours |
| Personal Emergency Response System | | | | | | | | | | |
| Personal Emergency Response System | 16 | 90 | | Installation | S5160 | | | \$30.00 | Installation | |
| Personal Emergency Response System | 16 | 90 | | Monthly Service Fee | S5161 | | | \$27.00 | Monthly | |

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|--|---------------|---------------|------------------------|---|----------------|------------|------------|---------|--|-----------------------|
| Transportation (Residential Services) | | | | | | | | | | |
| Transportation Local Trip | 42 | 4X | 4W | Transportation Regular - (Comm Access) | Z5177 | | | \$5.58 | One-way | 730 |
| | 01 | 4A | | | | | | | | |
| Transportation -Local Trip (W/C) | 42 | 4X | 4W | Transportation Wheel chair - (Comm Access) | Z5186 | | | \$9.32 | One-way | 730 |
| | 01 | 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 | | \$2.51 | 15 min (Minimum number of service hours is 1 hour) | 32 units per day |
| Supported Employment | 98 | 98 | | Supported Employment, Mobile Crew or Enclave | H2024 | 52 | | \$25.10 | 2.5 hours | 2 units per day |
| Non-Emergency Transportation | 98 | 98 | | Regular Transportation for Supported Employment Services | T2003 | SE | | \$5.58 | One way | |
| Non-Emergency Transportation | 98 | 98 | | Wheel chair Transportation for Supported Employment Services | A0130 | SE | | \$9.32 | One way | |
| Habilitation, Prevocational | 13 | 36 | | Pre-Vocational | T2014 | 52 | | \$21.72 | 2.5 hours | 10 units per week |
| Non-Emergency Transportation | 13 | 36 | | Regular Transportation for Prevocational Services | T2003 | | | \$5.58 | One way | 10 units per week |

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|--|---------------|---------------|------------------------|---|----------------|------------|------------|---------|--------------------------|-----------------------|
| Vocational Services (continued) | | | | | | | | | | |
| Non-Emergency Transportation | 13 | 36 | | Wheel chair Transportation for Prevocational Services | A0130 | | | \$9.32 | One way | 10 units per week |
| Day Habilitation | 14 | 50 | | Day Habilitation | T2020 | | | \$17.86 | 2.5 hours | 10 units per week |
| Non-Emergency Transportation | 14 | 50 | | Regular Transportation for Day Habilitation | T2003 | U6 | | \$5.58 | One way | 10 units per week |
| Non-Emergency Transportation | 14 | 50 | | Wheel chair Transportation for Day Habilitation | A0130 | U6 | | \$9.32 | One way | 10 units per week |
| Nursing Services | | | | | | | | | | |
| In Home Nursing Care by LPN | 44 | 87 | 4W | LPN-Intermittent Services (1 person) | G0154 | TE | | \$53.01 | Per visit | |
| | 11 | 4A | | | | | | | | |
| Services of Skilled Nurse In Home Health Setting | 44 | 87 | 4W | LPN-Intermittent Services (up to 4 persons) | G0154 | TE | TT | \$26.51 | Per visit | |
| | 11 | 4A | | | | | | | | |
| In Home Nursing Care by LPN | 44 | 87 | 4W | LPN-Extended Services (1 person) | S9124 | | | \$30.89 | Per hour | |
| | 11 | 4A | | | | | | | | |
| In Home Nursing Care by LPN | 44 | 87 | 4W | LPN-Extended Services (up to 2 persons) | S9124 | TT | | \$15.44 | Per Hour | |
| | 11 | 4A | | | | | | | | |
| RN Intermittent Services | 44 | 87 | 4W | Nursing RN (1 person) | G0154 | TD | | \$57.19 | Per visit | |
| | 11 | 4A | | | | | | | | |
| RN Extended Services | 44 | 87 | 4W | Nursing RN (up to 2 persons) | S9123 | TT | | \$16.41 | Per hour | |
| | 11 | 4A | | | | | | | | |
| RN Extended Services | 44 | 87 | 4W | Nursing RN (1 person) | S9123 | | | \$32.82 | Per hour | |
| | 11 | 4A | | | | | | | | |
| RN Intermittent Services | 44 | 87 | 4W | Nursing RN (up to 4 persons) | G0154 | TD | TT | \$32.86 | Per visit | |
| | 11 | 4A | | | | | | | | |

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| Professional Services (Registered Dietician) | | | | | | | | | | |
| Professional Services | 41,11,84 | 4R | 4W | Registered Dietician (Individual) | 97802 | | | \$8.69 | 15 min | |
| Professional Services | 41,11,84 | 4R | 4W | Registered Dietician (Individual, Subsequent) | 97803 | | | \$8.69 | 15 min | |
| Professional Services | 41,11,84 | 4R | 4W | Registered Dietician (Group) | 97804 | | | \$8.69 | 15 min | |
| Professional Services (Speech Therapy) | | | | | | | | | | |
| Professional Services | 39 | 71 | 4W | Speech Therapy Evaluation of Speech Fluency (e.g. stuttering, cluttering) | 92521 | | | \$20.27 | 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 | | | \$20.27 | 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 | | | \$20.27 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 39 | 71 | 4W | Speech Therapy Behavioral and Qualitative Analysis of Voice and Resonance | 92524 | | | \$20.27 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 39 | 71 | 4W | Speech Therapy (Speech Language Hearing Therapy) | 92507 | | | \$20.27 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 39 | 71 | 4W | Speech Therapy (Laryngeal function studies) | 92520 | | | \$20.27 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |

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|---|---------------|---------------|------------------------|---|----------------|------------|------------|---------|--------------------------|-----------------------|
| Professional Services (Speech Therapy) continued | | | | | | | | | | |
| Professional Services | 39 | 71 | 4W | Speech Therapy (Oral function therapy) | 92526 | | | \$20.27 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 39 | 71 | 4W | Speech Therapy (Evaluation for non-speech device RX) | 92605 | | | \$20.27 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 39 | 71 | 4W | Speech Therapy (Non-speech device service) | 92606 | | | \$20.27 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 39 | 71 | 4W | Speech Therapy (Ex for speech device RX) | 92607 | | | \$20.27 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 39 | 71 | 4W | Speech Therapy (Evaluate swallowing function) | 92610 | | | \$20.27 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 39 | 71 | 4W | Speech Therapy (Therapeutic activities) | 97530 | GN | | \$20.27 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 39 | 71 | 4W | Speech Therapy (Cognitive skills development) | 97532 | GN | | \$20.27 | 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 | | | \$22.20 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 37 | 74 | 4W | Occupational Therapy (Application of hot or cold packs) | 97010 | GO | | \$22.20 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 37 | 74 | 4W | Occupational Therapy (Application of Traction, Mechanical) | 97012 | GO | | \$22.20 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |

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| Professional Services (Occupational Therapy) continued | | | | | | | | | | |
| Professional Services | 37 | 74 | 4W | Occupational Therapy (Application of electrical stimulation/ unattended) | 97014 | GO | | \$22.20 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 37 | 74 | 4W | Occupational Therapy (Application of paraffin bath) | 97018 | GO | | \$22.20 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 37 | 74 | 4W | Occupational Therapy (Application of whirlpool) | 97022 | GO | | \$22.20 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 37 | 74 | 4W | Occupational Therapy (Application of electrical stimulation/ manual) | 97032 | GO | | \$22.20 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 37 | 74 | 4W | Occupational Therapy (Application of iontophoresis) | 97033 | GO | | \$22.20 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 37 | 74 | 4W | Occupational Therapy (Application of ultrasound) | 97035 | GO | | \$22.20 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 37 | 74 | 4W | Occupational Therapy (OT Therapeutic Procedure) | 97110 | GO | | \$22.20 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 37 | 74 | 4W | Occupational Therapy (Massage therapy) | 97124 | GO | | \$22.20 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 37 | 74 | 4W | Occupational Therapy (Manual therapy) | 97140 | GO | | \$22.20 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 37 | 74 | 4W | Occupational Therapy (Therapeutic activities) | 97530 | GO | | \$22.20 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 37 | 74 | 4W | Occupational Therapy (Cognitive skills development) | 97532 | GO | | \$22.20 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 37 | 74 | 4W | Occupational Therapy (Wheelchair management) | 97542 | GO | | \$22.20 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |

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| 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 | | | \$22.20 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 35 | 65 | 4W | Physical Therapy (Application of hot or cold packs) | 97010 | GP | | \$22.20 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 35 | 65 | 4W | Physical Therapy (Application of traction, mechanical) | 97012 | GP | | \$22.20 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 35 | 65 | 4W | Physical Therapy (Application of electrical stimulation/ unattended) | 97014 | GP | | \$22.20 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 35 | 65 | 4W | Physical Therapy (Application of paraffin bath) | 97018 | GP | | \$22.20 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 35 | 65 | 4W | Physical Therapy (Application of whirlpool) | 97022 | GP | | \$22.20 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 35 | 65 | 4W | Physical Therapy (Application of electrical stimulation/ manual) | 97032 | GP | | \$22.20 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 35 | 65 | 4W | Physical Therapy (Application of Iontophoresis) | 97033 | GP | | \$22.20 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 35 | 65 | 4W | Physical Therapy (Application of ultrasound) | 97035 | GP | | \$22.20 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 35 | 65 | 4W | Physical Therapy (Therapeutic Procedure) | 97110 | GP | | \$22.20 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |

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| HIPAA CODE NAME | PROVIDER TYPE | PROVIDER SPEC | PROVIDER SUB-SPECIALTY | SERVICE DESCRIPTION | PROCEDURE CODE | MODIFIER 1 | MODIFIER 2 | RATE | STANDARD UNIT OF SERVICE | ANNUAL SERVICE LIMITS |
|---|---------------|---------------|------------------------|---|----------------|------------|------------|---------|--------------------------|-----------------------|
| Professional Services (Physical Therapy) continued | | | | | | | | | | |
| Professional Services | 35 | 65 | 4W | Physical Therapy (neuromuscular re-education) | 97112 | | | \$22.20 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 35 | 65 | 4W | Physical Therapy (Gait training) | 97116 | | | \$22.20 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 35 | 65 | 4W | Physical Therapy (Massage therapy) | 97124 | GP | | \$22.20 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 35 | 65 | 4W | Physical Therapy (Manual therapy) | 97140 | GP | | \$22.20 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 35 | 65 | 4W | Physical Therapy (Therapeutic activities) | 97530 | GP | | \$22.20 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 35 | 65 | 4W | Physical Therapy (Wheelchair Management) | 97542 | GP | | \$22.20 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services (Social Work) | | | | | | | | | | |
| Professional Services | 73 | 73 | 4W | Social Worker (Family psychotherapy) | 90847 | AJ | | \$17.38 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 73 | 73 | 4W | Social Worker (Group psychotherapy) | 90853 | AJ | | \$17.38 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 73 | 73 | 4W | Social Worker (Assess Hlth/ Behave, Init) | 96150 | AJ | | \$17.38 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 73 | 73 | 4W | Social Worker (Self-care Management Training) | 97535 | AJ | | \$17.38 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 73 | 73 | 4W | Social Worker (Community/ Work Reintegration) | 97537 | AJ | | \$17.38 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 73 | 73 | 4W | Social Worker (Home visit assistance w/ADL's and personal care) | 99509 | AJ | | \$17.38 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES

| 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 | | \$17.38 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 73 | 73 | 4W | Social Worker (Unlisted Home Visit Service or Procedure) | 99600 | AJ | | \$17.38 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 73 | 73 | 4W | Social Worker (HHCP-SVS of CSW) | G0155 | | | \$17.38 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 73 | 73 | 4W | Social Worker (Assertive Community treatment face to face) | H0039 | AJ | | \$17.38 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 73 | 73 | 4W | Social Worker (Mental Health Services, NOS) | H0046 | AJ | | \$17.38 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 73 | 73 | 4W | Social Worker (Crisis Intervention) | H2011 | AJ | | \$17.38 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 73 | 73 | 4W | Social Worker (Skilled Training and Development) | H2014 | | | \$17.38 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 73 | 73 | 4W | Social Worker (Psychosocial Rehab Services) | H2017 | AJ | | \$17.38 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 73 | 73 | 4W | Social Worker (Therapeutic Behavior Service) | H2019 | AJ | | \$17.38 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 73 | 73 | 4W | Social Worker (Community-based Wrap Around) | H2021 | AJ | | \$17.38 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services (Psychology) | | | | | | | | | | |
| Professional Services | 31 | 62, 95,96 | 4W | Psychologist (Diagnostic Interview) | 90801 | | | \$30.17 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 31 | 62, 95,96 | 4W | Psychologist (Interactive Psychological Diagnostic Interview) | 90802 | | | \$30.17 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES

| 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) | 90806 | | | \$30.17 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 31 | 62, 95,96 | 4W | Psychologist (Individual Psychotherapy, Utilizing Equipment/ Devices) | 90812 | | | \$30.17 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 31 | 62, 95,96 | 4W | Psychologist (Family psychotherapy) | 90846 | | | \$30.17 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 31 | 62, 95,96 | 4W | Psychologist (Special Family Therapy) | 90847 | AH | | \$30.17 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 31 | 62, 95,96 | 4W | Psychologist (Group Psychotherapy) | 90853 | AH | | \$30.17 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 31 | 62, 95,96 | 4W | Psychologist (Interactive Group Psychotherapy) | 90857 | | | \$30.17 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 31 | 62, 95,96 | 4W | Psychologist (Pharmacologic Management) | 90862 | | | \$30.17 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 31 | 62, 95,96 | 4W | Psychologist (Psychological Testing by Psychologist) | 96101 | | | \$30.17 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 31 | 62, 95,96 | 4W | Psychologist (Psychological Testing by Tech) | 96102 | | | \$30.17 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 31 | 62, 95,96 | 4W | Psychologist (Neuropsychological testing) | 96118 | | | \$30.17 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 31 | 62, 95,96 | 4W | Psychologist (Assess Hlth/Behave, Init) | 96150 | AH | | \$30.17 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES

| 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 | | \$30.17 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 31 | 62, 95,96 | 4W | Psychologist (Community/ Work Reintegration) | 97357 | AH | | \$30.17 | 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 | | \$30.17 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 31 | 62, 95,96 | 4W | Psychologist (Home Visit, Sing/M/Fam Counseling) | 99510 | AH | | \$30.17 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 31 | 62, 95,96 | 4W | Psychologist (Unlisted Home Visit Service or Procedure) | 99600 | AH | | \$30.17 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 31 | 62, 95,96 | 4W | Psychologist (Assertive Community Treatment Face to Face) | H0039 | AH | | \$30.17 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 31 | 62, 95,96 | 4W | Psychologist (Mental Health Services, NOS) | H0046 | AH | | \$30.17 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 31 | 62, 95,96 | 4W | Psychologist (Crisis Intervention) | H2011 | AH | | \$30.17 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 31 | 62, 95,96 | 4W | Psychologist (Psychosocial Rehab Services) | H2017 | AH | | \$30.17 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 31 | 62, 95,96 | 4W | Psychologist (Therapeutic Behavior Service) | H2019 | AH | | \$30.17 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |
| Professional Services | 31 | 62, 95,96 | 4W | Psychologist (Community-based Wrap Around) | H2021 | AH | | \$30.17 | 15 min | |
| | 11 | 4A | | | | | | | | |
| | 84 | 84 | | | | | | | | |

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES

| HIPAA CODE NAME | PROVIDER TYPE | PROVIDER SPEC | PROVIDER SUB-SPECIALTY | SERVICE DESCRIPTION | PROCEDURE CODE | MODIFIER 1 | MODIFIER 2 | RATE | STANDARD UNIT OF SERVICE | ANNUAL SERVICE LIMITS |
|--|---------------|----------------|------------------------|---|----------------|------------|------------|---|--------------------------|-----------------------|
| Dental Services | | | | | | | | | | |
| Dental | 27 | 19, 66, 67, 68 | | Dental (Periodic Oral Examination, Patient of Record) | D0120 | | | \$30.95 | Per procedure | |
| Dental | 27 | 19, 66, 67, 68 | | Dental (Comprehensive Oral Examination, New Patient) | D0150 | | | \$53.47 | Per procedure | |
| Dental | 27 | 19, 66, 67, 68 | | Dental (Radiographs, Complete Series including Bitewings) | D0210 | | | \$67.72 | Per procedure | |
| Dental | 27 | 19, 66, 67, 68 | | Dental (Prohylaxis-Adult) | D1110 | | | \$52.77 | Per procedure | |
| 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 | | Adult Day Health Care Center Based Service (ADHC) | S5100 | | | \$2.78 Rate includes provider specific transportation rate | 15 min | Max 40 unit per day |