

**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**

**APPENDIX E: BILLING CODES**

**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   |
|---|---------------|---------------|------------------------|---------------------------------------|----------------|------------|------------|----------|--------------------------|-------------------------|
| <b>Support Coordination</b>                               |               |               |                        |                                       |                |            |            |          |                          |                         |
| Case Management   | 45            | 81            | 4W                     | Support Coordination                  | T1016          |            |            | \$135.99 | 1 flat monthly           | 12 annually             |
| <b>Transition Funding</b>                                 |               |               |                        |                                       |                |            |            |          |                          |                         |
| Community Transition Waiver                               | 2             | 4A            |                        | One time transition service           | T2038          |            |            | \$3000   |                          | Life time maximum limit |
| <b>Community Living Supports (Residential)</b>            |               |               |                        |                                       |                |            |            |          |                          |                         |
| 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                   |                         |
| <b>Host Home Services-Children under 18 (Residential)</b> |               |               |                        |                                       |                |            |            |          |                          |                         |
| 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

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|---|---------------|---------------|------------------------|-------------------------|----------------|------------|------------|----------|--------------------------|-----------------------|
| <b>Host Home Services-Adults 18 and over (Residential)</b>  |               |               |                        |                         |                |            |            |          |                          |                       |
| 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                 |                       |
| <b>Companion Care Services (Residential)</b>  |               |               |                        |                         |                |            |            |          |                          |                       |
| Companion Care, Adult   | 82            | 82            | 4W                     | Companion Care          | S5136          |            |            | \$92.02  | Per diem                 |                       |
| <b>Shared Living Services-New (Up to 3 people)<br/>Provider Leased or Owned Residence (Residential)</b> |               |               |                        |                         |                |            |            |          |                          |                       |
| 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                 |                       |
| <b>Shared Living-New (Up to 3 people)<br/>Participant Leased or Owned Residence (Residential)</b>       |               |               |                        |                         |                |            |            |          |                          |                       |
| 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

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|---|---------------|---------------|------------------------|---|----------------|------------|------------|----------|--------------------------|-----------------------|
| <b>Shared Living-New (Up to 3 people)<br/>Participant Leased or Owned Residence (Residential) continued</b> |               |               |                        |   |                |            |            |          |                          |                       |
| 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                 |                       |
| <b>Shared Living-Conversion/Provider Leased or Owned Residence (Residential)</b>                            |               |               |                        |   |                |            |            |          |                          |                       |
| Residential Care, (NOS), Waiver   | 11            | 4A            | 4J                     | Shared Living – Level 1<br>Up to 4 people | T2033          | UQ         |            | \$61.81  | Per diem                 |                       |
| Residential Care, (NOS), Waiver   | 11            | 4A            | 4J                     | Shared Living – Level 2<br>Up to 4 people | T2033          | TF         | UQ         | \$70.09  | Per diem                 |                       |
| Residential Care, (NOS), Waiver   | 11            | 4A            | 4J                     | Shared Living – Level 3<br>Up to 4 people | T2033          | TG         | UQ         | \$84.86  | Per diem                 |                       |
| Residential Care, (NOS), Waiver   | 11            | 4A            | 4J                     | Shared Living – Level 4<br>Up to 4 people | T2033          | U2         | UQ         | \$111.26 | Per diem                 |                       |
| <b>Shared Living-Conversion/Participant Leased or Owned Residence (Residential)</b>                         |               |               |                        |   |                |            |            |          |                          |                       |
| Residential Care, (NOS), Waiver   | 11            | 4A            | 4H                     | Shared Living – Level 1<br>Up to 4 people | T2033          | UQ         |            | \$61.81  | Per diem                 |                       |
| Residential Care, (NOS), Waiver   | 11            | 4A            | 4H                     | Shared Living – Level 2<br>Up to 4 people | T2033          | TF         | UQ         | \$70.09  | Per diem                 |                       |
| Residential Care, (NOS), Waiver   | 11            | 4A            | 4H                     | Shared Living – Level 3<br>Up to 4 people | T2033          | TG         | UQ         | \$84.86  | Per diem                 |                       |
| Residential Care, (NOS), Waiver   | 11            | 4A            | 4H                     | Shared Living – Level 4<br>Up to 4 people | T2033          | U2         | UQ         | \$111.26 | Per diem                 |                       |

**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**

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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 |
|---|---------------|---------------|------------------------|---------------------------------------|----------------|------------|------------|---------|--------------------------|-----------------------|
| <b>Respite Services</b>                   |               |               |                        |                                       |                |            |            |         |                          |                       |
| Respite Care Services                     | 83            | 83            |                        | Respite Care Services-<br>Out of Home | T1005          | HQ         |            | \$3.50  | 15 min                   | 720 hours             |
| <b>Personal Emergency Response System</b> |               |               |                        |                                       |                |            |            |         |                          |                       |
| Personal Emergency Response System        | 16            | 90            |                        | Installation                          | S5160          |            |            | \$30.00 | Installation             |                       |
| Personal Emergency Response System        | 16            | 90            |                        | Monthly Service Fee                   | S5161          |            |            | \$27.00 | Monthly                  |                       |

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES

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|--|---------------|---------------|------------------------|---|----------------|------------|------------|---------|--------------------------|-----------------------|
| <b>Transportation (Residential Services)</b>                 |               |               |                        |   |                |            |            |         |                          |                       |
| 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            |                        |   |                |            |            |         |                          |                       |
| <b>Adaptation/Accessibility Services</b>                     |               |               |                        |   |                |            |            |         |                          |                       |
| 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              |                       |
| <b>Vocational Services</b>                                   |               |               |                        |   |                |            |            |         |                          |                       |
| Supported Employment   | 98            | 98            |                        | Supported Employment, Individual Job and Assistance with Micro Enterprise | H2023          | TT         |            | \$13.00 | 15 min                   | Up to 8 Units per day |
| Supported Employment   | 98            | 98            |                        | Supported Employment Virtual Individual Job Follow Along 1:1              | H2023          | TT         | GT         | \$13.00 | 15 Min                   | Up to 8 Units per day |
| Supported Employment   | 98            | 98            |                        | Supported Employment, Mobile Crew or Enclave                              | H2026          |            |            | \$2.60  | 15 Min                   | 32 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  | T2025          |            |            | \$2.25  | 15 Min                   | 32 Units per Day      |
| Non-Emergency Transportation                                 | 13            | 36            |                        | Regular Transportation for Prevocational Services                         | T2003          |            |            | \$6.00  | One way                  | 10 units per week     |

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**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**

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**APPENDIX E: BILLING CODES**

|  |    |    |  |   |       |    |  |        |        |                              |
|--|----|----|--|---|-------|----|--|--------|--------|------------------------------|
| <b>Habilitation,<br/>Prevocational</b> | 13 | 36 |  | <b>Virtual Pre-Vocational<br/>Typical Job<br/>Preparedness Activities<br/>1:8</b> | T2025 | GT |  | \$2.35 | 15 Min | Up to 20<br>Units per<br>day |
| <b>Habilitation,<br/>Prevocational</b> | 13 | 36 |  | <b>Prevocational Services<br/>Small Group Community<br/>1:3/4</b>                 | T2025 | UQ |  | \$3.25 | 15 Min | Up to 20<br>Units per<br>day |

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES

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|--|---------------|---------------|------------------------|---|----------------|------------|------------|---------|--------------------------|------------------------|
| <b>Vocational Services (continued)</b>           |               |               |                        |   |                |            |            |         |                          |                        |
| 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  | T2021          |            |            | \$1.85  | 15 Min                   | 32 Units per Day       |
| Day Habilitation                                 | 14            | 50            |                        | Virtual Day Habilitation Typical Community Life Engagement Activities 1:8 | T2021          | GT         |            | \$2.35  | 15 Min                   | Up to 20 Units per day |
| Day Habilitation                                 | 14            | 50            |                        | Day Habilitation Small Group Community 1:3/4                              | T2021          | UQ         |            | \$3.25  | 15 Min                   | Up to 20 Units per day |
| 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      |
| <b>Nursing Services</b>                          |               |               |                        |   |                |            |            |         |                          |                        |
| 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

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|---|---------------|---------------|------------------------|---|----------------|------------|------------|---------|--------------------------|-----------------------|
| <b>Professional Services (Registered Dietician)</b> |               |               |                        |   |                |            |            |         |                          |                       |
| 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                   |                       |
| <b>Professional Services (Speech Therapy)</b>       |               |               |                        |   |                |            |            |         |                          |                       |
| 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

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|---|---------------|---------------|------------------------|---|----------------|------------|------------|---------|--------------------------|-----------------------|
| <b>Professional Services (Speech Therapy) continued</b> |               |               |                        |   |                |            |            |         |                          |                       |
| Professional Services                                   | 39            | 71            | 4W                     | Speech Therapy<br>(Oral function therapy)                     | 92526          |            |            | \$21.00 | 15 min                   |                       |
|   | 11            | 4A            |                        |   |                |            |            |         |                          |                       |
|   | 84            | 84            |                        |   |                |            |            |         |                          |                       |
| Professional Services                                   | 39            | 71            | 4W                     | Speech Therapy<br>(Evaluation for non-speech device RX )      | 92605          |            |            | \$21.00 | 15 min                   |                       |
|   | 11            | 4A            |                        |   |                |            |            |         |                          |                       |
|   | 84            | 84            |                        |   |                |            |            |         |                          |                       |
| Professional Services                                   | 39            | 71            | 4W                     | Speech Therapy<br>(Non-speech device service)                 | 92606          |            |            | \$21.00 | 15 min                   |                       |
|   | 11            | 4A            |                        |   |                |            |            |         |                          |                       |
|   | 84            | 84            |                        |   |                |            |            |         |                          |                       |
| Professional Services                                   | 39            | 71            | 4W                     | Speech Therapy<br>(Ex for speech device RX)                   | 92607          |            |            | \$21.00 | 15 min                   |                       |
|   | 11            | 4A            |                        |   |                |            |            |         |                          |                       |
|   | 84            | 84            |                        |   |                |            |            |         |                          |                       |
| Professional Services                                   | 39            | 71            | 4W                     | Speech Therapy<br>(Evaluate swallowing function)              | 92610          |            |            | \$21.00 | 15 min                   |                       |
|   | 11            | 4A            |                        |   |                |            |            |         |                          |                       |
|   | 84            | 84            |                        |   |                |            |            |         |                          |                       |
| Professional Services                                   | 39            | 71            | 4W                     | Speech Therapy<br>(Therapeutic activities)                    | 97530          | GN         |            | \$2.00  | 15 min                   |                       |
|   | 11            | 4A            |                        |   |                |            |            |         |                          |                       |
|   | 84            | 84            |                        |   |                |            |            |         |                          |                       |
| Professional Services                                   | 39            | 71            | 4W                     | Speech Therapy<br>(Cognitive skills development)              | 97129          | GN         |            | \$21.00 | 15 min                   |                       |
|   | 11            | 4A            |                        |   |                |            |            |         |                          |                       |
|   | 84            | 84            |                        |   |                |            |            |         |                          |                       |
| <b>Professional Services (Occupational Therapy)</b>     |               |               |                        |   |                |            |            |         |                          |                       |
| Professional Services                                   | 37            | 74            | 4W                     | Occupational Therapy<br>(OT Evaluation low complex 30 min)    | 97165          |            |            | \$44.40 | 30 min                   |                       |
|   | 11            | 4A            |                        |   |                |            |            |         |                          |                       |
|   | 84            | 84            |                        |   |                |            |            |         |                          |                       |
| Professional Services                                   | 37            | 74            | 4W                     | Occupational Therapy<br>(OT Evaluation mod complex 45min)     | 97166          |            |            | \$66.60 | 45 min                   |                       |
|   | 11            | 4A            |                        |   |                |            |            |         |                          |                       |
|   | 84            | 84            |                        |   |                |            |            |         |                          |                       |
| Professional Services                                   | 37            | 74            | 4W                     | Occupational Therapy<br>(OT Evaluation high complex 60 min)   | 97167          |            |            | \$88.80 | 60 min                   |                       |
|   | 11            | 4A            |                        |   |                |            |            |         |                          |                       |
|   | 84            | 84            |                        |   |                |            |            |         |                          |                       |
| Professional Services                                   | 37            | 74            | 4W                     | Occupational Therapy<br>(OT re-evaluation est plan of care)   | 97168          |            |            | \$23.00 | 15 min                   |                       |
|   | 11            | 4A            |                        |   |                |            |            |         |                          |                       |
|   | 84            | 84            |                        |   |                |            |            |         |                          |                       |
| Professional Services                                   | 37            | 74            | 4W                     | Occupational Therapy<br>(Application of hot or cold packs)    | 97010          | GO         |            | \$23.00 | 15 min                   |                       |
|   | 11            | 4A            |                        |   |                |            |            |         |                          |                       |
|   | 84            | 84            |                        |   |                |            |            |         |                          |                       |
| Professional Services                                   | 37            | 74            | 4W                     | Occupational Therapy<br>(Application of Traction, Mechanical) | 97012          | GO         |            | \$23.00 | 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 |
|---|---------------|---------------|------------------------|--|----------------|------------|------------|---------|--------------------------|-----------------------|
| <b>Professional Services (Occupational Therapy) continued</b> |               |               |                        |  |                |            |            |         |                          |                       |
| 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

| 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 |
|---|---------------|---------------|------------------------|--|----------------|------------|------------|---------|--------------------------|-----------------------|
| <b>Professional Services (Physical Therapy)</b> |               |               |                        |  |                |            |            |         |                          |                       |
| 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 iontophoresis)                      | 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

| 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 |
|---|---------------|---------------|------------------------|--|----------------|------------|------------|---------|--------------------------|-----------------------|
| <b>Professional Services (Physical Therapy) continued</b> |               |               |                        |  |                |            |            |         |                          |                       |
| Professional Services                                     | 35            | 65            | 4W                     | Physical Therapy<br>(neuromuscular re-education)                   | 97112          |            |            | \$23.00 | 15 min                   |                       |
|   | 11            | 4A            |                        |  |                |            |            |         |                          |                       |
|   | 84            | 84            |                        |  |                |            |            |         |                          |                       |
| Professional Services                                     | 35            | 65            | 4W                     | Physical Therapy<br>(Gait training)                                | 97116          |            |            | \$23.00 | 15 min                   |                       |
|   | 11            | 4A            |                        |  |                |            |            |         |                          |                       |
|   | 84            | 84            |                        |  |                |            |            |         |                          |                       |
| Professional Services                                     | 35            | 65            | 4W                     | Physical Therapy<br>(Massage therapy)                              | 97124          | GP         |            | \$23.00 | 15 min                   |                       |
|   | 11            | 4A            |                        |  |                |            |            |         |                          |                       |
|   | 84            | 84            |                        |  |                |            |            |         |                          |                       |
| Professional Services                                     | 35            | 65            | 4W                     | Physical Therapy<br>(Manual therapy)                               | 97140          | GP         |            | \$23.00 | 15 min                   |                       |
|   | 11            | 4A            |                        |  |                |            |            |         |                          |                       |
|   | 84            | 84            |                        |  |                |            |            |         |                          |                       |
| Professional Services                                     | 35            | 65            | 4W                     | Physical Therapy<br>(Therapeutic activities)                       | 97530          | GP         |            | \$23.00 | 15 min                   |                       |
|   | 11            | 4A            |                        |  |                |            |            |         |                          |                       |
|   | 84            | 84            |                        |  |                |            |            |         |                          |                       |
| Professional Services                                     | 35            | 65            | 4W                     | Physical Therapy<br>(Wheelchair Management)                        | 97542          | GP         |            | \$23.00 | 15 min                   |                       |
|   | 11            | 4A            |                        |  |                |            |            |         |                          |                       |
|   | 84            | 84            |                        |  |                |            |            |         |                          |                       |
| <b>Professional Services (Social Work)</b>                |               |               |                        |  |                |            |            |         |                          |                       |
| Professional Services                                     | 73            | 73            | 4W                     | Social Worker<br>(Family psychotherapy)                            | 90847          | AJ         |            | \$18.00 | 15 min                   |                       |
|   | 11            | 4A            |                        |  |                |            |            |         |                          |                       |
|   | 84            | 84            |                        |  |                |            |            |         |                          |                       |
| Professional Services                                     | 73            | 73            | 4W                     | Social Worker<br>(Group psychotherapy)                             | 90853          | AJ         |            | \$18.00 | 15 min                   |                       |
|   | 11            | 4A            |                        |  |                |            |            |         |                          |                       |
|   | 84            | 84            |                        |  |                |            |            |         |                          |                       |
|   |               |               |                        |  |                |            |            |         |                          |                       |
| Professional Services                                     | 73            | 73            | 4W                     | Social Worker<br>(Self-care Management Training)                   | 97535          | AJ         |            | \$18.00 | 15 min                   |                       |
|   | 11            | 4A            |                        |  |                |            |            |         |                          |                       |
|   | 84            | 84            |                        |  |                |            |            |         |                          |                       |
| Professional Services                                     | 73            | 73            | 4W                     | Social Worker<br>(Community/ Work Reintegration)                   | 97537          | AJ         |            | \$18.00 | 15 min                   |                       |
|   | 11            | 4A            |                        |  |                |            |            |         |                          |                       |
|   | 84            | 84            |                        |  |                |            |            |         |                          |                       |
| Professional Services                                     | 73            | 73            | 4W                     | Social Worker<br>(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

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

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 |
|---|---------------|---------------|------------------------|---|----------------|------------|------------|---------|--------------------------|-----------------------|
| <b>Professional Services (Psychology) continued</b> |               |               |                        |   |                |            |            |         |                          |                       |
| Professional Services                               | 31            | 62, 95,96     | 4W                     | Psychologist (Self-care Management Training)                          | 97535          | AH         |            | \$31.25 | 15 min                   |                       |
|   | 11            | 4A            |                        |   |                |            |            |         |                          |                       |
|   | 84            | 84            |                        |   |                |            |            |         |                          |                       |
| 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

| 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 |
|--|---------------|----------------|------------------------|---|----------------|------------|------------|---|--------------------------|-----------------------|
| <b>Dental Services</b>                       |               |                |                        |   |                |            |            |   |                          |                       |
| 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 (Prophylaxis-Adult)                                | D1110          |            |            | \$54.64   | Per procedure            |                       |
| <b>Permanent Supportive Housing Supports</b> |               |                |                        |   |                |            |            |   |                          |                       |
| 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                   |                       |
| <b>Adult Day Health Care (ADHC) Service</b>  |               |                |                        |   |                |            |            |   |                          |                       |
| Medical Rehabilitation Day Program           | 85            | 35             | 4W                     | Adult Day Health Care Center Based Service (ADHC)         | S5100          |            |            | \$2.78<br>Rate includes provider specific transportation rate | 15 min                   | Max 40 unit per day   |
| <b>Monitored In-Home Care Giving</b>         |               |                |                        |   |                |            |            |   |                          |                       |
| 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                 |                       |