

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**APPENDIX E: BILLING CODES****PAGE(S) 16****BILLING CODES**

The Inventory for Client and Agency Planning (ICAP) acuity score determines the Residential Options Waiver (ROW) budget. All services are subject to the budget.

The ROW Rate and Procedure Codes may be located at the following link:

https://www.lamedicaid.com/Provweb1/fee_schedules/OCDD_ROW.pdf

HIPAA CODE NAME	PROVIDER TYPE	*SPECIALTY	PROVIDER SUB- SPECIALTY	SERVICE DEFINITION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMIT
Support Coordination										
Case Management	45	81	4W	Support Coordination	T1016			\$176.79	Monthly	12
Transition Funding										
Community Transition Waiver	2	4A		One Time Transition Service	T2038			\$3,000		Life time maximum limit
Community Living Supports (Residential)										
Attendant Care Services	82	82	4W	Community Living Supports – 1 Person	S5125			\$4.63	15 minutes	
Attendant Care Services	82	82	4W	Community Living Supports – 2 Persons	S5125	UN		\$3.31	15 minutes	
Attendant Care Services	82	82	4W	Community Living Supports – 3 Persons	S5125	UP		\$2.71	15 minutes	
Host Home Services – Children Under 18 (Residential)										
Foster Care	84	84	4W	Host Home Level 1	S5140	HA		\$52.95	Per Diem	
Foster Care	84	84	4W	Host Home Level 2	S5140	TF	HA	\$57.05	Per Diem	

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**APPENDIX E: BILLING CODES****PAGE(S) 16**

HIPAA CODE NAME	PROVIDER TYPE	*SPECIALTY	PROVIDER SUB- SPECIALTY	SERVICE DEFINITION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMIT
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	
Host Home Services – Adults 18 and Over (Residential)										
Foster Care Adult	84	84	4W	Host Home Level 1	S5140			\$52.67	Per Diem	
Foster Care Adult	84	84	4W	Host Home Level 2	S5140	TF		\$57.05	Per Diem	
Foster Care Adult	84	84	4W	Host Home Level 3	S5140	TG		\$64.11	Per Diem	
Foster Care Adult	84	84	4W	Host Home Level 4	S5140	U2		\$69.32	Per Diem	
Companion Care Services (Residential)										
Companion Care, Adult	82	82	4W	Companion Care	S5136			\$92.02	Per Diem	
Shared Living Services – New (Up to 3 People) Provider Leased or Owned Residence (Residential)										
Habilitation, Residential	11	4A	4G	Shared Living Level 1	T2016			\$82.33	Per Diem	
Habilitation, Residential	11	4A	4G	Shared Living Level 2	T2016	TF	HQ	\$90.81	Per Diem	
Habilitation, Residential	11	4A	4G	Shared Living Level 3	T2016	TG	HQ	\$104.08	Per Diem	

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES

PAGE(S) 16

HIPAA CODE NAME	PROVIDER TYPE	*SPECIALTY	PROVIDER SUB-SPECIALTY	SERVICE DEFINITION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMIT
Habilitation, Residential	11	4A	4G	Shared Living Level 4	T2016	U2	HQ	\$123.09	Per Diem	
Shared Living – New (Up to 3 People) Participant Leased or Owned Residence (Residential)										
Habilitation, Residential	11	4A	4L	Shared Living Level 1	T2016	HQ		\$82.33	Per Diem	
Habilitation, Residential	11	4A	4L	Shared Living Level 2	T2016	TF	HQ	\$90.81	Per Diem	
Habilitation, Residential	11	4A	4L	Shared Living Level 3	T2016	TG	HQ	\$104.08	Per Diem	
Habilitation, Residential	11	4A	4L	Shared Living Level 4	T2016	U2	HQ	\$123.09	Per Diem	
Shared Living – Conversion/Provider Leased or Owned Resident (Residential)										
Residential Care, Not Otherwise Specified (NOS), Waiver	11	4A	4J	Shared Living Level 1 – Up to 4 People	T2033	UQ		\$61.81	Per Diem	
Residential Care, (NOS), Waiver	11	4A	4J	Shared Living Level 2 – Up to 4 People	T2033	TF	UQ	\$70.09	Per Diem	
Residential Care, (NOS), Waiver	11	4A	4J	Shared Living Level 3 – Up to 4 People	T2033	TG	UQ	\$84.86	Per Diem	
Residential Care, (NOS), Waiver	11	4A	4J	Shared Living Level 4 – Up to 4 People	T2033	U2	UQ	\$111.26	Per Diem	
Permanent Supportive Housing										

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**APPENDIX E: BILLING CODES****PAGE(S) 16**

HIPAA CODE NAME	PROVIDER TYPE	*SPECIALITY	PROVIDER SUB- SPECIALITY	SERVICE DEFINITION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMIT
Residential Care, (NOS), Waiver	11	4A	4H	Shared Living Level 1 – Up to 4 People	T2033	UQ		\$61.81	Per Diem	
Residential Care, (NOS), Waiver	11	4A	4H	Shared Living Level 2 – Up to 4 People	T2033	TF	UQ	\$70.09	Per Diem	
Residential Care, (NOS), Waiver	11	4A	4H	Shared Living Level 3 – Up to 4 People	T2033	TG	UQ	\$84.86	Per Diem	
Residential Care, (NOS), Waiver	11	4A	4H	Shared Living Level 4 – Up to 4 People	T2033	U2	UQ	\$111.26	Per Diem	
Respite Services										
Respite Care Services	83	83		Respite Care Services – Out of Home	T1005	HQ		\$3.50	15 Minutes	720 hours
Personal Emergency Response System										
Personal Emergency Response System (PERS)	16	90		Installation	S5160			\$30.00	One Time	Once at each residence
PERS	16	90		Monthly Service Fee	S5161			\$27.00	Monthly	12
Transportation (Residential Services)										
Transportation – Local Trip	42	4X	4W	Transportation Regular – (Common Access)	T2001	U1		\$6.00	One-Way	730
		4A								
Transportation – Local Trip (W/C)	42	4X	4W	Transportation Wheel Chair – (Common Access)	A0090			\$10.00	One-Way	730
		4A								
Specialized Medical Equipment										
Assistive Technology/Specialized Medical Equipment	17	91		Assistive Technology Specialized Medical Equipment and Supplies	T2029				Per Item/Service	

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES

PAGE(S) 16

HIPAA CODE NAME	PROVIDER TYPE	*SPECIALTY	PROVIDER SUB-SPECIALTY	SERVICE DEFINITION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMIT
Specialized Medical Equipment, NOS	17	91		Repairs Specialized Medical Equipment and Assistive Technology	T2029	RB			Per Item/Repair	
Environmental Modifications	15	80		Environmental Accessibility Adaptations	S5162				Per Service	
Remote Supports	17	91		Emergency Response System Purchase	S5162					
Remote Supports	17	91		Emergency Response System Purchase	S5162	XU		\$50.00	Monthly	12
Remote Supports	17	91		Assistive Technology Supports Consultation	T2035			\$200.00	Once per plan of care (POC) year Cannot be provided in the same POC year as T1028	
Remote Supports	17	91		Home Environment Assessment	T1028			\$450.00	One Time Cannot be provided in the same plan of care POC year as T2035	
Remote Supports	17	91		Medication Reminder Service per Month	S5185			\$75.00	Monthly	12
Remote Supports	17	91		Monitoring Feature/Device, Noc	A9279					
Remote Supports	17	91		Monitoring Feature/Device, Noc Interactive Audio and Video	A9279	GT				
Remote Supports	17	91		Alert Device, Noc	A9280					
Incontinence Products										
Incontinence Supplies	17	91		Adult Size Brief/Diaper Small	T4521					Total Incontinence Products NTE \$2,500 per Comprehensive Plan of

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES

PAGE(S) 16

HIPAA CODE NAME	PROVIDER TYPE	*SPECIALTY	PROVIDER SUB- SPECIALTY	SERVICE DEFINITION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMIT
Incontinence Supplies	17	91		Adult Size Brief/Diaper Medium	T4522					Care (CPOC) year
Incontinence Supplies	17	91		Adult Size Brief/Diaper Large	T4523					
Incontinence Supplies	17	91		Adult Size Brief/Diaper X-Large	T4524					
Incontinence Supplies	17	91		Adult Size Pull-On Small	T4525					
Incontinence Supplies	17	91		Adult Size Pull-On Medium	T4526					
Incontinence Supplies	17	91		Adult Size Pull-On Large	T4527					
Incontinence Supplies	17	91		Adult Size Pull-On X-Large	T4528					
Incontinence Supplies	17	91		Disposable Liner/Shield/Pad	T4535					
Incontinence Supplies	17	91		Disposable Under Pad Large	T4541					
Incontinence Supplies	17	91		Disposable Under Pad Small	T4542					
Incontinence Supplies	17	91		Adult Disposable Brief/Diaper Above X-Large	T4543					
Incontinence Supplies	17	91		Adult Disposable Under Pad/Pull-On Above X-Large	T4544					
Incontinence Supplies	17	91		Disposable Penile Wrap	T4545					
Incontinence Supplies	17	91		Reusable Pull-On Any Size	T4536					

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES

PAGE(S) 16

HIPAA CODE NAME	PROVIDER TYPE	*SPECIALTY	PROVIDER SUB- SPECIALTY	SERVICE DEFINITION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMIT
Incontinence Supplies	17	91		Reusable Under Pad (Bed) Any Size	T4537					
Incontinence Supplies	17	91		Reusable Brief/Diaper Any Size	T4539					
Incontinence Supplies	17	91		Reusable Under Pad (Chair) Any Size	T4540					
Incontinence Supplies	17	91		Youth Size Brief/Diaper Any Size	T4533					
Incontinence Supplies	17	91		Youth Size Pull-On Any Size	T4534					
Transportation										
Non-Emergency Transportation	98	98		Transportation for Supported Employment, Day Habilitation or Prevocational	T2022			\$20.00	Daily	Once per day that one of these services (except virtual) are delivered
	13	36								
	14	50								
Supported Employment – Individual										
Supported Employment	98	98		Group Employment	H2025			\$2.76	15 Minutes	8320
Supported Employment	98	98		Work-Based Learning Experience	H2023	UK	U1	\$175.00	Per Assessment	3
Supported Employment	98	98		Job Development/Job Placement	H2023	U1		\$20.00	15 Minutes	480

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES

PAGE(S) 16

HIPAA CODE NAME	PROVIDER TYPE	*SPECIALITY	PROVIDER SUB- SPECIALITY	SERVICE DEFINITION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMIT
Supported Employment	98	98		Initial Job Support and Job Stabilization	H2023	TS	U1	\$18.50	15 Minutes	1,920
Supported Employment	98	98		Extended on the Job Supports	H2023	TT	U1	\$15.00	15 Minutes	2,500
Supported Employment	98	98		Follow-Along Job Supports	H2026	U1		\$70.00	Per Diem	48
Supported Employment	98	98		Virtual Delivery of Follow-Along Job Supports	H2023	GT	U1	\$13.63	15 Minutes	240
Prevocational Services										
Habilitation, Prevocational	13	36		Prevocational Onsite 1:5-8 Ratio	H2014			\$2.39	15 Minutes	8,320 units shared among all H2014 codes
Habilitation, Prevocational	13	36		Virtual Delivery of Prevocational 1:5-8 Ratio	H2014	GT		\$2.98	15 Minutes	
Habilitation, Prevocational	13	36		Community Career Planning 1:2-4 Ratio	H2014	UQ		\$4.50	15 Minutes	
Habilitation, Prevocational	13	36		Community Career Planning 1:1 Ratio	H2014	TT		\$5.00	15 Minutes	
Day Habilitation										
Day Habilitation	14	50		Onsite Day Habilitation	T2021			\$2.48	15 Minutes	8,320 units to be shared amongst all T2021 codes
Day Habilitation	14	50		Community Life Engagement (CLE) (1:2-4 ratio)	T2021	UQ		\$4.00	15 Minutes	

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES

PAGE(S) 16

HIPAA CODE NAME	PROVIDER TYPE	*SPECIALTY	PROVIDER SUB- SPECIALTY	SERVICE DEFINITION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMIT
Day Habilitation	14	50		CLE (1:1 ratio)	T2021	TT		\$4.75	15 Minutes	
Day Habilitation	14	50		Virtual Delivery of Onsite Day Habilitation (1:5-8 ratio)	T2021	GT		\$2.98	15 Minutes	
Community Life Engagement Development										
Day Habilitation	14	50		Community Life Engagement Development (CLED) (1:1 ratio)	T2025	U1		\$7.00	15 Minutes	240 units to be shared amongst all T2025 codes
Day Habilitation	14	50		CLED (1:2 ratio)	T2025	UN		\$4.00	15 Minutes	
Day Habilitation	14	50		CLED (1:3 ratio)	T2025	UP		\$3.00	15 Minutes	
Nursing Services										
In-Home Nursing Care by a Licensed Practical Nurse (LPN)	44	87	4W	LPN – Intermittent Services (1 person)	G0300			\$71.44	Per Visit	
	11	4A								
Services of Skilled Nurse in Home Health Setting	44	87	4W	LPN – Intermittent Services (Up to 4 persons)	F0300	TT		\$35.70	Per Visit	
	11	4A								
In-Home Nursing Care by LPN	44	87	4W	LPN – Extended Services (1 person)	S9124			\$41.60	Per Hour	
	11	4A								
In-Home Nursing Care by LPN	44	87	4W	LPN – Extended Services (up to 2 persons)	S9124	TT		\$20.80	Per Hour	
	11	4A								
Registered Nurse (RN) Intermittent Services	44	87	4W	Nursing – RN (1 person)	G0299			\$89.51	Per Visit	
	11	4A								
RN Extended Services	44	87	4W	Nursing – RN (up to 2 persons)	S9123	TT		\$22.10	Per Hour	
	11	4A								
RN Extended Services	44	87	4W	Nursing – RN (1 person)	S9123			\$44.20	Per Hour	
	11	4A								
RN Intermittent	44	87	4W	Nursing – RN (up to 4 persons)	G0299	TT		\$44.62	Per Visit	

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**APPENDIX E: BILLING CODES****PAGE(S) 16**

HIPAA CODE NAME	PROVIDER TYPE	*SPECIALTY	PROVIDER SUB- SPECIALTY	SERVICE DEFINITION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMIT
Services	11	4A								
Professional Services (Registered Dietician)										
Professional Services	41	4R		Registered Dietician (Individual)	97802			\$9.00	15 Minutes	
	11									
	84									
Professional Services	41	4R		Registered Dietician (Individual, Subsequent)	97803			\$9.00	15 Minutes	
	11									
	84									
Professional Services	41	4R		Registered Dietician (Group)	97804			\$9.00	15 Minutes	
	11									
	84									
Professional Services (Speech Therapy)										
Professional Services	39	71	4W	Speech Therapy Evaluation of Speech Fluency (e.g. stuttering, cluttering)	92521			\$21.00	15 Minutes	
	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 Minutes	
	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 Minutes	
	11	4A								
	84	84								
Professional Services	39	71	4W	Speech Therapy Behavioral and Qualitative Analysis of Voice and Resonance	92524			\$21.00	15 Minutes	
	11	4A								
	84	84								
Professional Services	39	71	4W	Speech Therapy (Speech Language, Hearing Therapy)	92507			\$21.00	15 Minutes	
	11	4A								
	84	84								
Professional Services	39	71	4W	Speech Therapy (Laryngeal function studies)	92520			\$21.00	15 Minutes	
	11	4A								
	84	84								
Professional Services	39	71	4W	Speech Therapy (Oral Function Therapy)	92526			\$21.00	15 Minutes	
	11	4A								
	84	84								
Professional Services	39	71	4W	Speech Therapy (Evaluation for non-speech	92605			\$21.00	15 Minutes	
	11	4A								

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**APPENDIX E: BILLING CODES****PAGE(S) 16**

HIPAA CODE NAME	PROVIDER TYPE	*SPECIALTY	PROVIDER SUB- SPECIALTY	SERVICE DEFINITION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMIT
	84	84		device RX)						
Professional Services	39	71	4W	Speech Therapy (Non-Service Speech Device Service)	92606			\$21.00	15Minutes	
	11	4A								
	84	84								
Professional Services	39	71	4W	Speech Therapy (Ex for speech device RX)	92607			\$21.00	15 Minutes	
	11	4A								
	84	84								
Professional Services	39	71	4W	Speech Therapy (Evaluate Swallowing Function)	92610			\$21.00	15 Minutes	
	11	4A								
	84	84								
Professional Services	39	71	4W	Speech Therapy (Therapeutic Activities)	97530	GN		\$2.00	15 Minutes	
	11	4A								
	84	84								
Professional Services	39	71	4W	Speech Therapy (Cognitive Skills Development)	97129	GN		\$21.00	15 Minutes	
	11	4A								
	84	84								
Professional Services (Occupational Therapy)										
Professional Services	37	74	4W	Occupational Therapy (OT) (OT Evaluation – Low Complex)	97165			\$44.40	30 Minutes	
	11	4A								
	84	84								
Professional Services	37	74	4W	OT (OT Evaluation – Moderately Complex)	97166			\$66.60	45 Minutes	
	11	4A								
	84	84								
Professional Services	37	74	4W	OT (OT Evaluation – Highly Complex)	97167			\$88.80	60 Minutes	
	11	4A								
	84	84								
Professional Services	37	74	4W	OT (OT Re-Evaluation est. POC)	97168			\$23.00	15 Minutes	
	11	4A								
	84	84								
Professional Services	37	74	4W	OT (Application of Hot or Cold Packs)	97010	GO		\$23.00	15 Minutes	
	11	4A								
	84	84								
Professional Services	37	74	4W	OT (Application of Traction, Mechanical)	97012	GO		\$23.00	15 Minutes	
	11	4A								
	84	84								
Professional Services	37	74	4W	OT (Application of Electrical Stimulation/Unattended)	97014	GO		\$23.00	15 Minutes	
	11	4A								
	84	84								
Professional Services	37	74	4W	OT (Application of Paraffin Bath)	97018	GO		\$23.00	15 Minutes	
	11	4A								

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES

PAGE(S) 16

HIPAA CODE NAME	PROVIDER TYPE	*SPECIALTY	PROVIDER SUB- SPECIALTY	SERVICE DEFINITION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMIT
	84	84								
Professional Services	37	74	4W	OT (Application of Whirlpool)	97022	GO		\$23.00	15 Minutes	
	11	4A								
	84	84								
Professional Services	37	74	4W	OT (Application of Electrical Stimulation/Manual)	97032	GO		\$23.00	15 Minutes	
	11	4A								
	84	84								
Professional Services	37	74	4W	OT (Application of Iontophoresis)	97033	GO		\$23.00	15 Minutes	
	11	4A								
	84	84								
Professional Services	37	74	4W	OT (Application of Ultrasound)	97035	GO		\$23.00	15 Minutes	
	11	4A								
	84	84								
Professional Services	37	74	4W	OT (Therapeutic Procedure)	97110	GO		\$23.00	15 Minutes	
	11	4A								
	84	84								
Professional Services	37	74	4W	OT (Massage Therapy)	97124	GO		\$23.00	15 Minutes	
	11	4A								
	84	84								
Professional Services	37	74	4W	OT (Manual Therapy)	97140	GO		\$23.00	15 Minutes	
	11	4A								
	84	84								
Professional Services	37	74	4W	OT (Therapeutic Activities)	97530	GO		\$23.00	15 Minutes	
	11	4A								
	84	84								
Professional Services	37	74	4W	OT (Cognitive Skills Development)	97129	GO		\$23.00	15 Minutes	
	11	4A								
	84	84								
Professional Services	37	74	4W	OT (Wheelchair Management)	97542	GO		\$23.00	15 Minutes	
	11	4A								
	84	84								
Professional Services (Physical Therapy)										
Professional Services	35	65	4W	Physical Therapy (PT) (PT Evaluation – Low Complex)	97161			\$29.60	20 Minutes	
	11	4A								
	84	84								
Professional Services	35	65	4W	PT (PT Evaluation – Moderately Complex)	97162			\$44.40	30 Minutes	
	11	4A								
	84	84								
Professional Services	35	65	4W	PT (PT Evaluation – Highly Complex)	97163			\$66.60	45 Minutes	
	11	4A								

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES

PAGE(S) 16

HIPAA CODE NAME	PROVIDER TYPE	*SPECIALTY	PROVIDER SUB-SPECIALTY	SERVICE DEFINITION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMIT
	84	84								
Professional Services	35	65	4W	PT (PT Re-Evaluation est. POC)	97164			\$23.00	15 Minutes	
	11	4A								
	84	84								
Professional Services	35	65	4W	PT (Application of Hot or Cold Packs)	97010	GP		\$23.00	15 Minutes	
	11	4A								
	84	84								
Professional Services	35	65	4W	PT (Application of Traction, Mechanical)	97012	GP		\$23.00	15 Minutes	
	11	4A								
	84	84								
Professional Services	35	65	4W	PT (Application of Electrical Stimulation/Unattended)	97014	GP		\$23.00	15 Minutes	
	11	4A								
	84	84								
Professional Services	35	65	4W	PT (Application of Paraffin Bath)	97018	GP		\$23.00	15 Minutes	
	11	4A								
	84	84								
Professional Services	35	65	4W	PT (Application of Whirlpool)	97022	GP		\$23.00	15 Minutes	
	11	4A								
	84	84								
Professional Services	35	65	4W	PT (Application of Electrical Stimulation/Manual)	97032	GP		\$23.00	15 Minutes	
	11	4A								
	84	84								
Professional Services	35	65	4W	PT (Application of Iontophoresis)	97033	GP		\$23.00	15 Minutes	
	11	4A								
	84	84								
Professional Services	35	65	4W	PT (Application of Ultrasound)	97035	GP		\$23.00	15 Minutes	
	11	4A								
	84	84								
Professional Services	35	65	4W	PT (Therapeutic Procedure)	97110	GP		\$23.00	15 Minutes	
	11	4A								
	84	84								
Professional Services	35	65	4W	PT (Neuromuscular Re-Education)	97112			\$23.00	15 Minutes	
	11	4A								
	84	84								
Professional Services	35	65	4W	PT (Gait Training)	97116			\$23.00	15 Minutes	
	11	4A								
	84	84								
Professional Services	35	65	4W	PT (Massage Therapy)	97124	GP		\$23.00	15 Minutes	
	11	4A								
	84	84								
Professional	35	65	4W	PT	97140	GP		\$23.00	15 Minutes	

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES

PAGE(S) 16

HIPAA CODE NAME	PROVIDER TYPE	*SPECIALTY	PROVIDER SUB- SPECIALTY	SERVICE DEFINITION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMIT
Services	11	4A		(Manual Therapy)						
	84	84								
Professional Services	35	65	4W	PT (Therapeutic Activities)	97530	GP		\$23.00	15 Minutes	
	11	4A								
	84	84								
Professional Services	35	65	4W	PT (Wheelchair Management)	97542	GP		\$23.00	15 Minutes	
	11	4A								
	84	84								
Professional Services (Social Work)										
Professional Services	73	73	4W	Social Work (Family Psychotherapy)	90847	AJ		\$18.00	15 Minutes	
	11	4A								
	84	84								
Professional Services	73	73	4W	Social Work (Group Psychotherapy)	90853	AJ		\$18.00	15 Minutes	
	11	4A								
	84	84								
Professional Services	73	73	4W	Social Work (Self-Care Management Training)	97535	AJ		\$18.00	15 Minutes	
	11	4A								
	84	84								
Professional Services	73	73	4W	Social Work (Community/Work Reintegration)	97537	AJ		\$18.00	15 Minutes	
	11	4A								
	84	84								
Professional Services	73	73	4W	Social Work (Home Visit Assistance with Activities of Daily Living (ADL) and Personal Care)	99509	AJ		\$18.00	15 Minutes	
	11	4A								
	84	84								
Professional Services	73	73	4W	Social Work (Home Visit, Sing/M/Fam Counseling)	99510	AJ		\$18.00	15 Minutes	
	11	4A								
	84	84								
Professional Services	73	73	4W	Social Work (Unlisted Home Visit Service or Procedure)	99600	AJ		\$18.00	15 Minutes	
	11	4A								
	84	84								
Professional Services	73	73	4W	Social Work (HHCP-SVS of CSW)	G0155			\$18.00	15 Minutes	
	11	4A								
	84	84								
Professional Services	73	73	4W	Social Work (Assertive Community Treatment (ACT) face-to-face)	H0039	AJ		\$18.00	15 Minutes	
	11	4A								
	84	84								
Professional Services	73	73	4W	Social Work (Mental Health Services, NOS)	H0046	AJ		\$18.00	15 Minutes	
	11	4A								
	84	84								
Professional	73	73	4W	Social Work	H2011	AJ		\$18.00	15 Minutes	

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**APPENDIX E: BILLING CODES****PAGE(S) 16**

HIPAA CODE NAME	PROVIDER TYPE	*SPECIALITY	PROVIDER SUB- SPECIALITY	SERVICE DEFINITION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMIT
Services	11	4A		(Crisis Intervention)						
	84	84								
Professional Services	73	73	4W	Social Work (Skilled Training and Development)	H2014	AJ		\$18.00	15 Minutes	
	11	4A								
	84	84								
Professional Services	73	73	4W	Social Work (Psychosocial Rehab Services)	H2017	AJ		\$18.00	15 Minutes	
	11	4A								
	84	84								
Professional Services	73	73	4W	Social Work (Therapeutic Behavior Service)	H2019	AJ		\$18.00	15 Minutes	
	11	4A								
	84	84								
Professional Services	73	73	4W	Social Work (Community-Based Wrap Around)	H2021	AJ		\$18.00	15 Minutes	
	11	4A								
	84	84								
Professional Service (Psychology)										
Professional Services	31	62, 95, 96	4W	Psychologist (Interactive Psychological Diagnostic Interview)	90791			\$31.25	15 Minutes	
	11	4A								
	84	84								
Professional Services	31	62, 95, 96	4W	Psychologist (Individual Psychotherapy)	90832			\$31.25	15 Minutes	
	11	4A								
	84	84								
Professional Services	31	62, 95, 96	4W	Psychologist (Family Therapy without Patient Present)	90846			\$31.25	15 Minutes	
	11	4A								
	84	84								
Professional Services	31	62, 95, 96	4W	Psychologist (Special Family Therapy with Patient)	90847	AH		\$31.25	15 Minutes	
	11	4A								
	84	84								
Professional Services	31	62, 95, 96	4W	Psychologist (Group Psychotherapy)	90853	AH		\$31.25	15 Minutes	
	11	4A								
	84	84								
Professional Services	31	62, 95, 96	4W	Psychologist (Pharmacologic Management)	90863			\$31.25	15 Minutes	
	11	4A								
	84	84								
Professional Services	31	62, 95, 96	4W	Psychologist (Psychological Testing by Psychologist)	96130			\$31.25	15 Minutes	
	11	4A								
	84	84								

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**APPENDIX E: BILLING CODES****PAGE(S) 16**

HIPAA CODE NAME	PROVIDER TYPE	*SPECIALTY	PROVIDER SUB- SPECIALTY	SERVICE DEFINITION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMIT
Professional Services	31	62, 95, 96	4W	Psychologist (Psychological Testing by Tech)	96138			\$31.25	15 Minutes	
	11	4A								
	84	84								
Professional Services	31	62, 95, 96	4W	Psychologist (Neuropsychological Testing)	96132			\$31.25	15 Minutes	
	11	4A								
	84	84								
Professional Services	31	62, 95, 96	4W	Psychologist (Self-Care Management Training)	97535	AH		\$31.25	15 Minutes	
	11	4A								
	84	84								
Professional Services	31	62, 95, 96	4W	Psychologist (Community/Work Reintegration)	97537	AH		\$31.25	15 Minutes	
	11	4A								
	84	84								
Professional Services	31	62, 95, 96	4W	Psychologist (Home Visit for Assistance with ADL and Personal Care)	99509	AH		\$31.25	15 Minutes	
	11	4A								
	84	84								
Professional Services	31	62, 95, 96	4W	Psychologist (Home Visit, Sing/M/Fam Counseling)	99510	AH		\$31.25	15 Minutes	
	11	4A								
	84	84								
Professional Services	31	62, 95, 96	4W	Psychologist (Unlisted Home Visit Service or Procedure)	99600	AH		\$31.25	15 Minutes	
	11	4A								
	84	84								
Professional Services	31	62, 95, 96	4W	Psychologist (ACT Face-to-Face)	H0039	AH		\$31.25	15 Minutes	
	11	4A								
	84	84								
Professional Services	31	62, 95, 96	4W	Psychologist (Mental Health Services, NOS)	H0046	AH		\$31.25	15 Minutes	
	11	4A								
	84	84								
Professional Services	31	62, 95, 96	4W	Psychologist (Crisis Intervention)	H2011	AH		\$31.25	15 Minutes	
	11	4A								
	84	84								
Professional Services	31	62, 95, 96	4W	Psychologist (Psychosocial Rehab Services)	H2017	AH		\$31.25	15 Minutes	
	11	4A								
	84	84								
Professional Services	31	62, 95, 96	4W	Psychologist (Therapeutic Behavior Service)	H2019	AH		\$31.25	15 Minutes	
	11	4A								

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

APPENDIX E: BILLING CODES

PAGE(S) 16

HIPAA CODE NAME	PROVIDER TYPE	*SPECIALITY	PROVIDER SUB- SPECIALITY	SERVICE DEFINITION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMIT
	84	84								
Professional Services	31	62, 95, 96	4W	Psychologist (Community-Based Wrap Around)	H2021	AH		\$31.25	15 Minutes	
	11	4A								
	84	84								
Permanent Supportive Housing										
Permanent Supportive Housing (PSH)	AW	3W		Housing Stabilization	G9012			\$15.11	15 Minutes	72
PSH	AW	3W		Housing Stabilization	G9012	U8		\$15.11	15 Minutes	93
Adult Day Health Care										
Medical Rehabilitation Day Program	85	76	4W	Adult Day Health Care (ADHC) Center Based Services	S5100			\$2.78 Rate includes provider specific transportation rate	15 Minutes	Max 40 units per day
Monitored In-Home Caregiving										
Monitored In- Home Caregiving (MIHC)	MI	9M		Waiver Service – NOS Level 1	T2033			\$90.03	Per Diem	
MIHC	MI	9M		Waiver Service – NOS Level 2	T2033	TG		\$135.04	Per Diem	
MIHC	MI	9M		Assessment	T1028	TU		\$250.00	One Time	
Self-Direction										
Financial Management Services (FMS) Monthly Administrative Fee	01	4K		FMS	W7319			\$105.88	Monthly	12
Attendant Care Services	01	4K		Community Living Supports – 1 Person	S5125			NTE \$4.63	15 Minutes	

CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**APPENDIX E: BILLING CODES****PAGE(S) 16**

HIPAA CODE NAME	PROVIDER TYPE	*SPECIALTY	PROVIDER SUB- SPECIALTY	SERVICE DEFINITION	PROCEDURE CODE	MODIFIER 1	MODIFIER 2	RATE	STANDARD UNIT OF SERVICE	ANNUAL SERVICE LIMIT
Attendant Care Services	01	4K		Community Living Supports – 2 Persons	S5125	UN		NTE \$3.31	15 Minutes	
Attendant Care Services	01	4K		Community Living Supports – 3 Persons	S5125	UP		NTE \$2.71	15 Minutes	